



Form Must Be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32461 Name: Tailwater, Inc. Address 1: 6421 AVONDALE DR STE 212 Address 2: City: OKLAHOMA CITY State: OK Zip: 73116 + 6428 Contact Person: Chris Martin Phone: (405) 810-0900 CONTRACTOR: License # 8509 Name: Evans Energy Development, Inc. Wellsite Geologist: n/a Purchaser: Coffeyville Resources

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [] ENHR [] SIGW [] OG [] GSW [] Temp. Abd. [] CM (Coal Bed Methane) [] Cathodic [] Other (Core. Expl., etc.):

If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: [] Deepening [] Re-perf. [] Conv. to ENHR [] Conv. to SWD [] Conv. to GSW [] Plug Back: Plug Back Total Depth [] Commingled Permit #: [] Dual Completion Permit #: [] SWD Permit #: [] ENHR Permit #: [] GSW Permit #: 07/30/2012 07/31/2012 10/12/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-25513-00-00 Spot Description: NW NW NE NW Sec 27 Twp. 20 S. R. 20 [X] East [] West 165 Feet from [X] North [] South Line of Section 1485 Feet from [] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [X] NW [] SE [] SW County: Anderson Lease Name: Simons Bros. Farms Well #: 5-T Field Name: Garnett Shoestrung Producing Formation: Squirrel Elevation: Ground: 953 Kelly Bushing: 0 Total Depth: 825 Plug Back Total Depth: 0 Amount of Surface Pipe Set and Cemented at: 21 Feet Multiple Stage Cementing Collar Used? [] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 815 feet depth to: 0 w/ 105 sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 0 ppm Fluid volume: 0 bbls Dewatering method used: Evaporated Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R. [] East [] West County: Permit #:

AFFIDAVIT I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY [X] Letter of Confidentiality Received Date: 10/20/2012 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 10/23/2012