



CONFIDENTIAL

WELL COMPLETION FORM

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

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:
 New Well Re-Entry Workover
 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 #: _____

<u>08/15/2012</u>	<u>08/16/2012</u>	<u>09/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25534-00-00
 Spot Description: _____
SW SW NW NW Sec. 27 Twp. 20 S. R. 20 East West
1155 Feet from North / South Line of Section
165 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Anderson
 Lease Name: Simons Bros. Farms Well #: 25-T
 Field Name: Garnett Shoestring
 Producing Formation: Squirrel
 Elevation: Ground: 965 Kelly Bushing: 0
 Total Depth: 861 Plug Back Total Depth: 0
 Amount of Surface Pipe Set and Cemented at: 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 851
 feet depth to: 0 w/ 115 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

Letter of Confidentiality Received
 Date: 10/23/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 10/25/2012