

CONFIDENTIAL COMPLETION FORM

1103104

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32461			API No. 15 - 15-003-25634-00-00	
Name: Tailwater, Inc.		Spot Description:		
Address 1: 6421 AVONDALE DR STE 212			NE_SW_NW_NE Sec28 Twp20 S. R20 ▼ East West	
Address 2:			4485 Feet from North / ✓ South Line of Section	
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428			2145 Feet from ✓ East / West Line of Section	
Contact Person: Chris Martin			Footages Calculated from Nearest Outside	e Section Corner:
Phone: (405) 810-0900			□ne □nw ✓se □sw	
CONTRACTOR: License # 850			County: Anderson	
Name: Evans Energy Development, Inc.			Lease Name: Pedrow	Well #:
Wellsite Geologist: n/a			Field Name: Garnett Shoestring	
Purchaser: Coffeyville Resources			Producing Formation: Squirrel	
Designate Type of Completion:			Elevation: Ground: 985 Kel	
✓ New Well Re-Entry Workover			Total Depth: 888 Plug Back Total Depth: 0	
✓ oil wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemente	
Gas D&A	ENHR	SIGW	Multiple Stage Cementing Collar Used?	
□ og	GSW	Temp. Abd.	If yes, show depth set:	
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from: 878	
Cathodic Other (Core. Expl., etc.):			feet depth to: 0 w/	117 sx cm
If Workover/Re-entry: Old Well In	nfo as follows:		icet doparto.	VX VIII
Operator:				
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date: Original Total Depth:			Chloride content: 0 ppm Fluid volume: 0 bbls	
Deepening Re-per	f. Conv. to ENHR	Conv. to SWD	Dewatering method used: Evaporated	idid volume box
	Conv. to GSW		Dewatering method used:	
Plug Back: Plug Back Total Depth		Location of fluid disposal if hauled offsite:		
Commingled	Permit #:		Operator Name:	
Dual Completion Permit #:		Lease Name:	_icense #:	
SWD ENHR	Permit #: Permit #:		Quarter Sec Twp	S. R East Wes
GSW	Permit #:		County: Permit	#:
11/02/2012 11/05/				
Spud Date or Date Re		oletion Date or		

AFFIDAVIT

Recompletion Date

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

Recompletion Date

	KCC Office Use ONLY
1	Letter of Confidentiality Received Date 12/14/2012
	Confidential Release Date:
√	Wireline Log Received
	Geologist Report Received
	UIC Distribution
AL	T