



# CONFIDENTIAL 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: Christian Martin  
 Phone: ( 405 ) 810-0900  
 CONTRACTOR: License # 8509  
 Name: Evans Energy Development, Inc.  
 Wellsite Geologist: n/a  
 Purchaser: Coffeyville Resources

API No. 15 - 15-003-25640-00-00  
 Spot Description: \_\_\_\_\_  
NE SW SW SW Sec. 22 Twp. 20 S. R. 20  East  West  
4785 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Anderson  
 Lease Name: Winfrey Well #: 5-T  
 Field Name: Garnett Shoestring  
 Producing Formation: Squirrel

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.): \_\_\_\_\_

Elevation: Ground: 968 Kelly Bushing: 0  
 Total Depth: 857 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 22 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: 848  
 feet depth to: 0 w/ 114 sx cmt.

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>12/14/2012</u>	<u>12/17/2012</u>	<u>01/07/2013</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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: 01/21/2013  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: NAOMI JAMES Date: 01/22/2013