



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1061361

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 12, 2011

Beau Cloutier
Shawmar Oil & Gas Co., Inc.
1116 E MAIN
PO BOX 9
MARION, KS 66861-1230

Re: ACO1
API 15-127-19014-00-01
Carlson 1
SW/4 Sec.36-16S-05E
Morris County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Beau Cloutier



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30921
LOCATION #80 Eldorado
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-15-127-19014-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
3-16-11	7665	Carlson #1	36	16S	5E	Morris																				
CUSTOMER <u>Shawmar oil and gas</u>			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>446</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Jerid</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> <tr> <td>539</td> <td>Lary</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			502	Jerid			511	Jacob			539	Lary		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
446	Jeff																									
502	Jerid																									
511	Jacob																									
539	Lary																									
MAILING ADDRESS <u>Po box 9</u>																										
CITY <u>Marion</u>	STATE <u>KS</u>	ZIP CODE <u>66861</u>																								
CUSTOMER: <u>Shawmar oil and gas</u> MAILING ADDRESS: <u>Po box 9</u> CITY: <u>Marion</u> STATE: <u>KS</u> ZIP CODE: <u>66861</u>																										

JOB TYPE Lang string B HOLE SIZE 7 7/8 HOLE DEPTH 2219 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 37.6 DISPLACEMENT PSI 400 MIX PSI 100 RATE 4 bpm

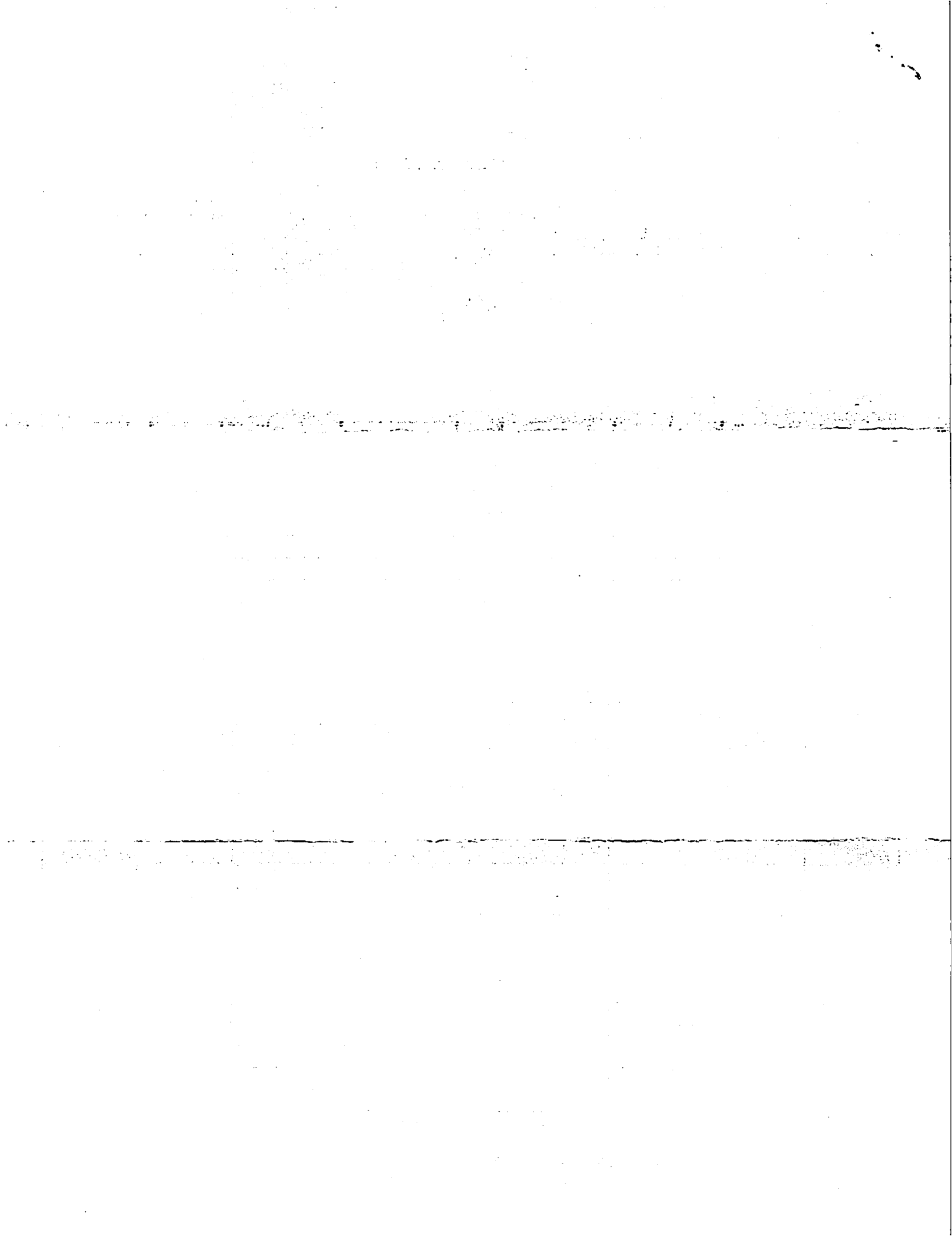
REMARKS: Safety meeting, Broke circulation, circulated for 15 min mixed 150 sks 2X cc 2X gel 5lb Kolt-seal per sack displaced with plug to 1542 trailing with wire line shut in at 100 psi

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	66 mile	MILEAGE	4.00	264.00
5407 A	66 mile	ton delivery X 7.05 ton X	1.26	586.27
1104 S	150 sks	Class A cement	14.25	2137.50
1110 A	600	Kol-Seal	0.44	264.00
1118 B	300	gel	0.20	60.00
1102	240	calcium chloride	0.70	168.00
4406	1	5 1/2 Rubber plug	70.00	70.00
			Subtotal	4524.77
			SALES TAX	197.06
			ESTIMATED TOTAL	4721.83

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.





CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 240030

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Invoice Date: 03/22/2011 Terms: 0/0/30,n/30 Page 1

SHAWMAR OIL & GAS
P.O. BOX 9
MARION KS 66861
(620) 382-2932

CARLSON #1
30848
03-16-11
KS

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Part Number	Description	Qty	Unit Price	Total
4482	5 1/2" 32A PACKER RENTAL	1.00	1000.0000	1000.00
4480	5 1/2" TS RBP RENTAL	1.00	980.0000	980.00
2101A	20-40 BROWN SAND	200.00	.2600	52.00

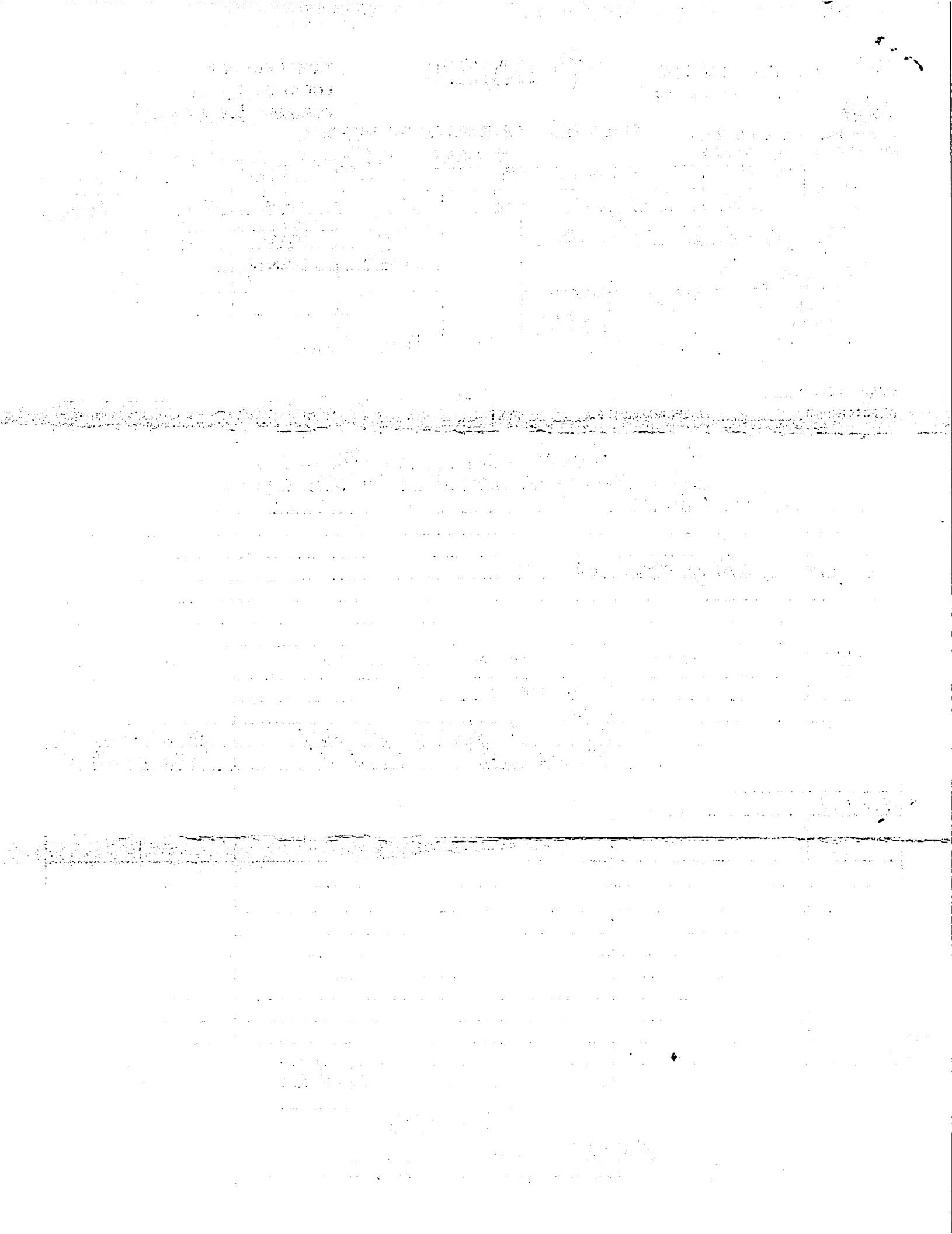
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=====

Parts:	2032.00	Freight:	.00	Tax:	.00	AR	2032.00
Labor:	.00	Misc:	.00	Total:	2032.00		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

Signed _____

Date _____





CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 240237

Invoice Date: 03/29/2011 Terms: 0/0/30,n/30

Page 1

SHAWMAR OIL & GAS
P.O. BOX 9
MARION KS 66861
(620) 382-2932

CARLSON #1
30927
36-16S-5E
03-23-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	120.00	11.9500	1434.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7000	70.00
1118B	PREMIUM GEL / BENTONITE	275.00	.2000	55.00
Description		Hours	Unit Price	Total
446	MISC. PUMP (CEMENT TRUCK) MIT WASH	2.00	200.00	400.00
446	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
491	MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 1559.00 Freight: .00 Tax: 113.81 AR 2402.81
Labor: .00 Misc: .00 Total: 2402.81
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30927
LOCATION # 80 Eldorado
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-23-11	7665	Carlson #1	36	165	5E	morris	
CUSTOMER Shawmar oil		Safety meeting Jg J.S. K.V.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS Po box 9				446	Jacob		
CITY Marion				491	Kevin		
STATE KS		ZIP CODE 66861	511	Jeff			

JOB TYPE lin backside B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 25 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.016 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 0 DISPLACEMENT PSI 0 MIX PSI 1500 RATE 3bpm

REMARKS: Safety meeting, Run lin to 270+ mixed 120 sks 60-40 4x gel 2x cc Escalated cement to surface pulled lin and topped off.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5609	2 h	PUMP CHARGE	200.00	400.00
5406	66 mile	MILEAGE	4.00	N/C
5407	1	min bulk delivery	330.00	330.00
1131	120 sks	60-40 poz	11.95	1434.00
1102	100 lbs	Calcium chloride	0.70	70.00
1118B	275 lbs	gel	0.20	55.00
			Subtotal	2289.00
			SALES TAX	113.81
			ESTIMATED TOTAL	2402.81

Ravin 3737

AUTHORIZATION Jacob Storm TITLE 240281 DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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Fax: 316-337-6211
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August 15, 2011

Beau Cloutier
Shawmar Oil & Gas Co., Inc.
1116 E MAIN
PO BOX 9
MARION, KS 66861-1230

Re: ACO-1
API 15-127-19014-00-01
Carlson 1
SW/4 Sec.36-16S-05E
Morris County, Kansas

Dear Beau Cloutier:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/25/2011 and the ACO-1 was received on August 12, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department