

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1061361

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
-	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	On and the Name
Dual Completion Permit #:	Operator Name:
□ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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 Approved by: Date:								

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes I	No	Lo Nam	-	n (Top), Depth and	Sample Datum	
Samples Sent to Geolog	gical Survey	Yes I	No	INAM	Ð		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes I Yes I Yes I	No					
List All E. Logs Run:								
			SING RECO					
		Report all string	gs set-conduct	or, surface, inte	rmediate, production	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR. Producing Method: □ Flowing □ Flowing				ping	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC)-18.)		Other (Specify))					

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

(REM Consolidated Oil V Dept P.O. Bo Houston, TX	Vell Services, LLC . 970 x 4346	Chanut 620/431-9210 • 1-8	Main Office P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOI	CE				Invoice #	240029
Tryoi	ce Date: 03/22		erms: 0/0/30,n/	30		age 1
SHAWMAR OIL & GAS CARLSON #1 P.O. BOX 9 30921 MARION KS 66861 36-16S-5E (620) 382-2932 03-16-11 KS						
Part NumberDescription1104sCLASS "A" CEMENT (SAL1110AKOL SEAL (50# BAG)1118BPREMIUM GEL / BENTONI1102CALCIUM CHLORIDE (50#44065 1/2" RUBBER PLUG			' CEMENT (SALE) (50# BAG) GEL / BENTONITE CHLORIDE (50#)	150.00 600.00	.2000	Total 2137.50 264.00 60.00 168.00 70.00
446 446 502	Description CEMENT PUMP EQUIPMENT MILE TON MILEAGE DE	이 방법하게, 그는 것은 것을 많은 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 다.	VAY)	Hours 1.00 66.00 465.29	Unit Price 975.00 4.00 1.26	Total 975.00 264.00 586.27

=========						=======	
Parts:	2699.50	Freight:	.00	Tax:	197.06	AR	4721.83
Labor:	.00	Misc:	.00	Total:	4721.83		
Sublt:	.00	Supplies:	.00	Change:	.00		
						======	

Signed						Date	
BARTLESVILLE, OK	ELDORADO, KS	Еигека, Ks	Gillette, Wy	Oakley, KS	Оттаwа, Ks	Тнауев, Ks	WORLAND, WY
918/338-0808	316/322-7022	620/583-7664	307/686-4914	785/672-2227	785/242-4044	620/839-5269	307/347-4577



30921 TICKET NUMBER LOCATION # 80 EIDOrado FOREMAN Jacob Storm

COUNTY

PO Box	884,	Cha	nute,	KS	66720
620-431-	-9210) or	800-	467-	8676

DATE

122

CONSOLIDATED

CUSTOMER #

Oli Well Services, LLC

FIELD TICKET & TREATMENT REPORT

CEMENT	Γ Αρ	15.
WELL NAME & NUMBER	SECTION	T

-15-127-19014-00-01 TOWNSHIP RANGE

3-16-11 7665	Carlso	n #1		.36	165	SE	morris
CUSTOMER			Safty			and a state of the state of the	A STAR LEVER CONTRACTOR
Sharmar of	and	gas	marting	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		0		446	Jeff		
Po box 9			J.S.	502	Jerild		
CITY	STATE	ZIP CODE	J.P.	511	Jacob		
Marion	KS	66861		539	Lary		
JOB TYPE Lang string B	HOLE SIZE 7	2/8	HOLE DEPTH	2219	CASING SIZE & V	WEIGHT 51/2	
CASING DEPTH	DRILL PIPE		TUBING	27/8		OTHER	
SLURRY WEIGHT 13,516	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMENT 37.6	DISPLACEMEN	T PSI HOO	MIX PSI 100		RATE 46pm		
REMARKS: Safty mean	ling, Brok	c curcu	lation .	curculat	ted for	15 min	mixed
150 6KS 2% CC	2X acl	SIL	t-scal po	i sack	- displac	a with	Plug
to 1542 dailing	with	wire lin	e sh	ut in .	at 100 ps	î	- 5
· J							

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	975.00	975,00
5406	66 mik	MILEAGE	4.00	264.00
5407 A	66 mile	ton delivery X 7.05 ton X	1.26	586.27
11045	150 SKS	Class A cement	14.25	2137.50
1110 A	600	Kol-Scal	0.44	264.00
1118 B	300		0,20	60.00
1102	240	calcuim chloride	0.70	168.00
4406	1	S1/2 Rubber plug	70.00	70,00
			Subtotal	4524.70
			JUSIONI	7-64.79
		÷		
			SALES TAX	197.06
Ravin 3737	1 11	- 240029	ESTIMATED TOTAL	4121.83
AUTHORIZTION	page 10		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.

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CONSOLIDATED Oil Well Services, LLC	REMIT TO Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346		67-8676
INVOICE		Invoice #	240030
Invoice Date: 03/22/2011	erms: 0/0/30,n/30	============================= Page	·======= • 1
SHAWMAR OIL & GAS	CARLSON #1		
P.O. BOX 9	30848		
MARION KS 66861 (620)382-2932	03-16-11 KS		
(020) 582-2952			
Part Number Descript		Unit Price	Total
		1000.0000 980.0000	1000.00 980.00

200.00

.2600

52.00

20-40 BROWN SAND

-

2101A

 Parts:
 2032.00 Freight:
 .00 Tax:
 .00 AR
 2032.00

 Labor:
 .00 Misc:
 .00 Total:
 2032.00

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

 BartLesville, OK
 ELDORADO, KS
 EUREKA, KS
 Gillette, WY
 Oakley, KS
 Ottawa, Ks
 Thayer, Ks
 Worland, WY

 918/338-0808
 316/322-7022
 620/583-7664
 307/686-4914
 785/672-2227
 785/242-4044
 620/839-5269
 307/347-4577

CONSOLIDATED Oil Wolf Services, LLG			TICKET NUME LOCATION と FOREMAN	-1 Doump	·
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676	FIELD TICKET & TREA		90RT 5-15-127-	19014-0	A-AI
DATE CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-16-11 7665 0	ARISON #1	36	162	JE	Markers
CUSTOMER DOLLANDER OOI	2 GAS	TRUCK #	DRIVER	TRUCK #	DRIVER
P.D. BOY 9		539	Lanerey		
CITY MARION STATE	ZIP CODE 5 6686				
JOB TYPE 1005 D HOLE S		14,2219	CASING SIZE & W	EIGHT 52	-
CASING DEPTH 2185 DRILL P	IPETUBING	28		OTHER	
SLURRY WEIGHT SLURRY	VOL WATER gal	/sk	CEMENT LEFT in	CASING	
DISPLACEMENT DISPLACE	CEMENT PSI MIX PSI		RATE		
REMARKS: KIAW tooks	to 2106 st.	, Set	RBPAT	2100	R
Tester 40 1100 165,-	- Spotted dog	bs. 20/4	O JANO -	- PULLED	Horto
to 1618 ft - TESTON	CASTUR do JOS	1b5- Ne	lel gon	n-Aller	Took
CASPUG Spl- 1580	_ /				
Cementers Caseag de	bun Sz -				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		
	N	MILEAGE A (
4482	/	52 32 A Hickor Rutal	1000,00	1000.00
4480	/	53 As ASP Butal	980.00	980,00
2101 A	200	160 20/40 SAND	126	52,00
			3	
5				
*		Subfortal		2032,00
avin 3737			SALES TAX	Ø
	D V	2500×0	ESTIMATED TOTAL	2039.0
UTHORIZTION_	en/2		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.

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CONSOLI Oil Well Ser	the state of the second	REMI Consolidated Oil W Dept. P.O. Box Houston, TX	ell Services, LLC 970 4346	P Chanute 620/431-9210 • 1-80	MAIN OFFICE 20. Box 884 9, KS 66720 10/467-8676 10/431-0012
INVOICE				Invoice #	240237
Invoice Date: 03/29	======================================	ms: 0/0/30,n/3	======================================	 Pa	====== ge 1
SHAWMAR OIL & GAS CARLSON P.O. BOX 9 30927 MARION KS 66861 36-16S- (620) 382-2932 03-23-1 KS					
Part Number 1131 1102 1118B			120.00 100.00	Unit Price 11.9500 .7000 .2000	
Description 446 MISC. PUMP (CE 446 EQUIPMENT MILE 491 MIN. BULK DELI	AGE (ONE WAY		2.00	4.00	Total 400.00 .00 330.00

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

 BartLesville, Ok
 ELDORADO, KS
 EUREKA, Ks
 Gillette, WY
 OAKLEY, KS
 OTTAWA, Ks
 THAYER, Ks
 WORLAND, WY

 918/338-0808
 316/322-7022
 620/583-7664
 307/686-4914
 785/672-2227
 785/242-4044
 620/839-5269
 307/347-4577





TICKET NUMBER 30927

LOCATION# 80 ElDorado

FOREMANJacob Storm

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	VVEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
3-13-11	3-23-11 7665 Carlson #1				36	165	5E	morris
CUSTOMER		73		Ch.	research and the second s	and the state of the state	in a national and a second	with the second state of t
Shawr	nar oi.	1		Safty	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				- meating	446	Jacob		
Po box	9			Ja J. 3,	491	keven		
CITY		STATE	ZIP CODE	KIVI	511	JEFF		
Marion		KS	66861					
JOB TYPE	backsile B	HOLE SIZE 7	2/8	 _ HOLE DEPTH	1	CASING SIZE & W	EIGHT 51/2	85/2
CASING DEPTH_		DRILL PIPE		TUBING			OTHER	
SLURRY WEIGHT	12.016	SLURRY VOL_		WATER gal/s	ATER gal/sk CEMENT LEFT in CASING		CASING	
DISPLACEMENT O DISPLACEMENT PSI O		MIX PSI 15	1500 RATE 360-					
REMARKS: Sa	fty meat	ma. Run	lin to	270+ mi	x=8 120	sks 60-40	Hyacl 2%	a Burg
cement t	o surface	pulled	lin an	l top d	044.		. 0	

ACCOUNT CODE	QUANITY 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	NIC
5407	1	min bulk delivery	330.00	330.00
1131	120 sks	60-40 poz	11,95	1434.00
1102	100 165	Calcium chloride	0.70	70.00
1118 B	275165	901	0.20	55,00
		·		
				29:00
			Subtotal	22.89.00
			SALES TAX	113,81
Ravin 3737	0	240237	ESTIMATED TOTAL	2402.81
AUTHORIZTION	_ lem Myn		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.

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Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

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