



**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1068275  
OIL & GAS CONSERVATION DIVISION

Form CP-4  
March 2009

Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

OPERATOR: License #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
Producing Formation(s): List All (If needed attach another sheet)  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

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 #: \_\_\_\_\_  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: \_\_\_\_\_ (Date)  
by: \_\_\_\_\_ (KCC District Agent's Name)  
Plugging Commenced: \_\_\_\_\_  
Plugging Completed: \_\_\_\_\_

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Party Responsible for Plugging Fees: \_\_\_\_\_  
State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
\_\_\_\_\_  
(Print Name)  Employee of Operator or  Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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 25, 2011

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

Re: Plugging Application  
API 15-115-19212-00-00  
MARTIN C 1  
NW/4 Sec.10-17S-04E  
Marion County, Kansas

Dear Beau Cloutier:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

**This notice is void after February 21, 2012. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.**

Sincerely,  
Production Department Supervisor

cc: District 2

(316) 630-4000



KANSAS CORPORATION COMMISSION 1061585  
OIL & GAS CONSERVATION DIVISION

Form CP-1  
March 2010

This Form must be Typed  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING APPLICATION**

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

OPERATOR: License #: 5192  
Name: Shawmar Oil & Gas Co., Inc.  
Address 1: 1116 E MAIN  
Address 2: PO BOX 9  
City: MARION State: KS Zip: 66861 + 1230  
Contact Person: Beau Cloutier  
Phone: (620) 382-2932

API No. 15 - 15-115-19212-00-00  
If pre 1967, supply original completion date: 1944  
Spot Description: \_\_\_\_\_  
NW SW SWNW Sec. 10 Twp. 17 S. R. 4  East  West  
2994 Feet from  North /  South Line of Section  
4975 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Marion  
Lease Name: MARTIN C Well #: 1

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: 13 Set at: 105 Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 7 Set at: 1745 Cemented with: 0 Sacks  
Production Casing Size: 5.5 Set at: 2327 Cemented with: 30 Sacks

List (ALL) Perforations and Bridge Plug Sets:

**Attached**

Elevation: 1431 ( G.L. /  K.B.) T.D.: 2376 PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stono Corral Formation)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

**As per KCC Regulations**

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Beau Cloutier  
Address: 1116 E. Main st City: Marion State: KS Zip: 66861 + \_\_\_\_\_  
Phone: (620) 382-2932  
Plugging Contractor License #: 5192 Name: Shawmar Oil & Gas Co., Inc.  
Address 1: 1116 E MAIN Address 2: PO BOX 9  
City: MARION State: KS Zip: 66861 + 1230  
Phone: (620) 382-2932  
Proposed Date of Plugging (if known): \_\_\_\_\_

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

**Submitted Electronically**



KANSAS CORPORATION COMMISSION 1061585  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2010

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

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pll Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed:  C-1 (Intent)  CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 5192  
Name: Shawmar Oil & Gas Co., Inc.  
Address 1: 1116 E MAIN  
Address 2: PO BOX 9  
City: MARION State: KS Zip: 66861 + 1230  
Contact Person: Beau Cloutier  
Phone: (620) 382-2932 Fax: ( )  
Email Address: \_\_\_\_\_

Well Location:  
NW SW SW NW Sec. 10 Twp. 17 S. R. 4  East  West  
County: Marion  
Lease Name: MARTIN C Well #: 1

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Raymond Martin  
Address 1: 2206 E. 360th St  
Address 2: \_\_\_\_\_  
City: Herington State: KS Zip: 67449 + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Shawmar Oil & Gas Co., Inc.
Well Name	MARTIN C 1
Doc ID	1061585

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
2327	2376	Mississippi	



**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 # 245709

Invoice Date: 11/10/2011 Terms: 0/0/30,n/30

Page 1

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

MARTIN C #1  
31698  
10-17S-4E  
11-02-11  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	227.00	11.9500	2712.65
1118B	PREMIUM GEL / BENTONITE	900.00	.2000	180.00
1102	CALCIUM CHLORIDE (50#)	160.00	.7000	112.00

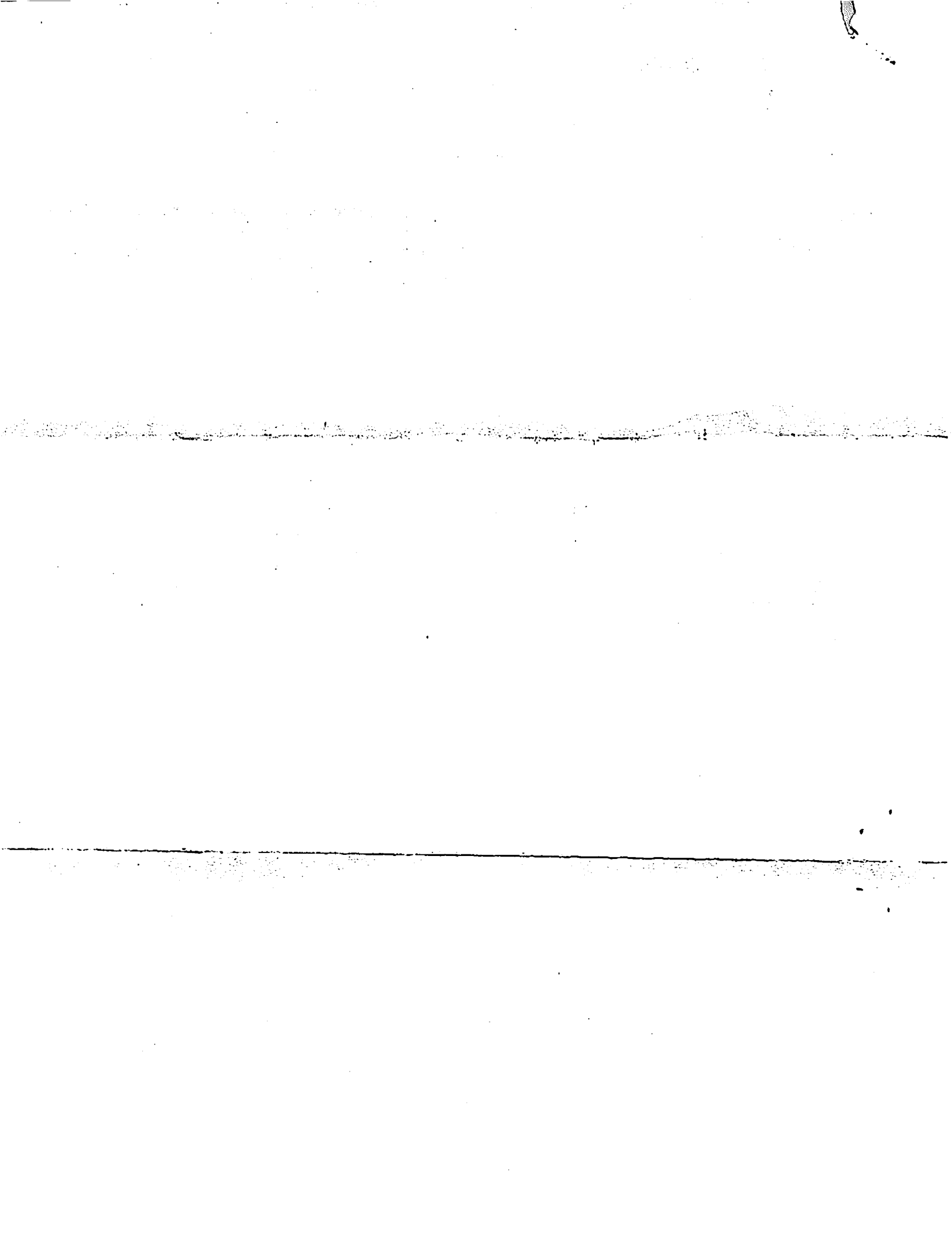
  

Description	Hours	Unit Price	Total
290 CEMENT PUMP	1.00	975.00	975.00
290 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
442 TON MILEAGE DELIVERY	580.79	1.26	731.80
502 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	3004.65	Freight:	.00	Tax:	234.37	AR	5515.82
Labor:	.00	Misc:	.00	Total:	5515.82		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808   
 EL DORADO, KS 316/322-7022   
 EUREKA, KS 620/583-7664   
 PONCA CITY, OK 580/762-2303   
 OAKLEY, KS 785/672-2227   
 OTTAWA, KS 785/242-4044   
 THAYER, KS 620/839-5269   
 GILLETTE, WY 307/686-4914





**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 31698

LOCATION # 180 Eldorado

FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

Api 15-115-19212-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-2-11	7665	Martain C #1	10	17S	4E	marion
CUSTOMER Shawmar oil and gas			SAFTY meeting J.D. m.g. S.D.			
MAILING ADDRESS PO Box 9			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY marion			STATE KS	ZIP CODE 66861	290	Jerid
					442	mark
					502	Steve
					511	Jacob

JOB TYPE Plug HOLE SIZE 20" HOLE DEPTH ? CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING N/A OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14,516 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI 200psi RATE 3bpm

REMARKS: SAFTY meeting pumped down 5/2 3bpm 300PSI mixed 100SKS 60/40  
4% gel 1/2cc Shut in, Run 1 1/2 down outside of 7" pumped 127SKS  
60/40 4% gel 1/2cc circulating cement to surface,

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60	MILEAGE	4.00	240.00
5407A	60	X 9.68 ton mileage X	1.26	731.80
5407	1	min bulk delivery	330.00	330.00
1131	227	60/40 poz	11.95	2712.65
1118B	900	gel	0.20	180.00
1102	160	calcium chloride	0.70	112.00
			Subtotal	5281.45
			SALES TAX	234.31
			ESTIMATED TOTAL	5515.82

Ravin 3737

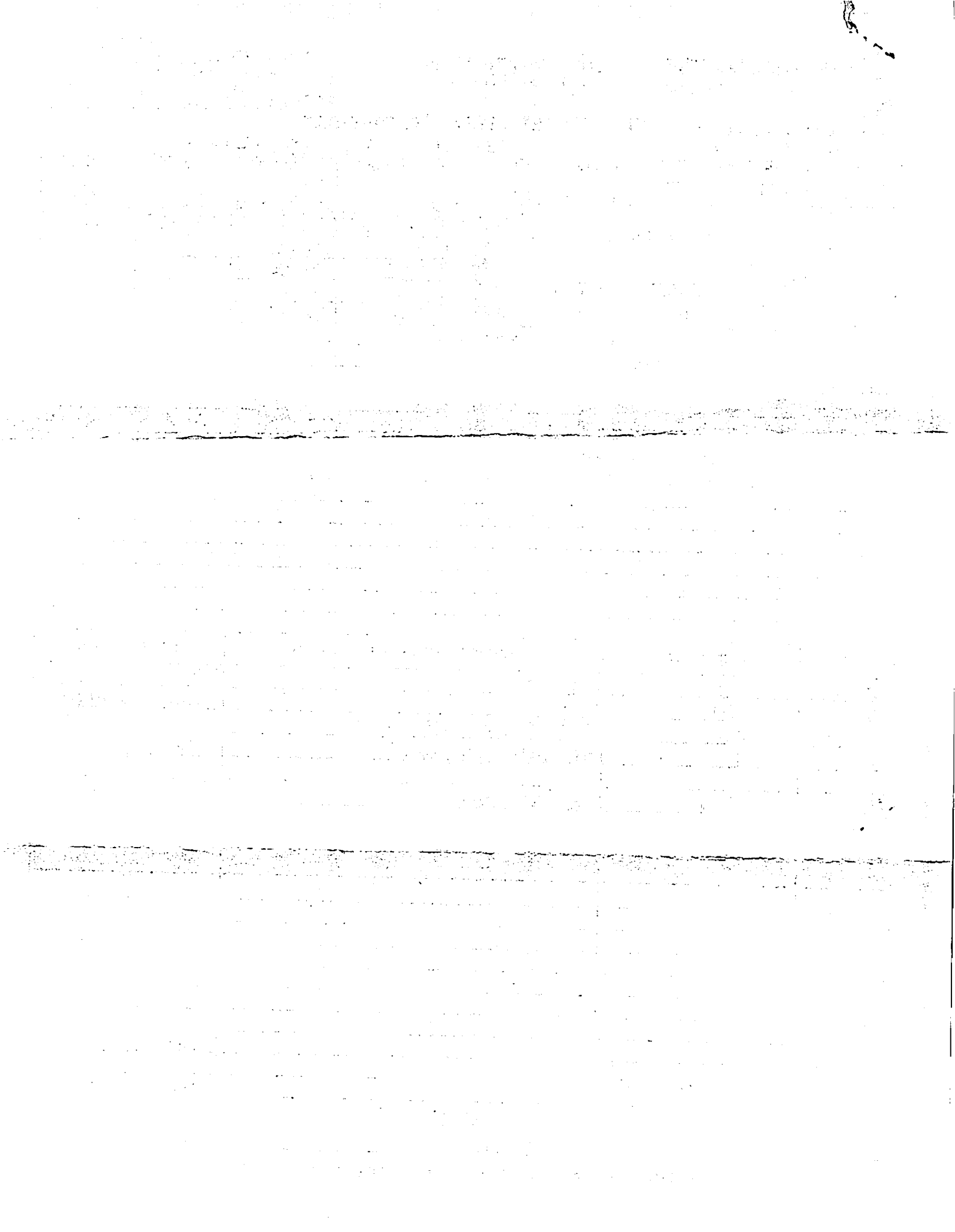
045109

AUTHORIZATION \_\_\_\_\_

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



2011-066

COMPANY: Shawmar LEASE Martin C WELL# 1

DATE: 10-31-11 THRU 11-2-11 RIG 21  RIG 25  @ 200

DESCRIPTION OF WORK:

PUMP CHANGE  FISHING JOB  SCRAPING

2 3/8 TUBING  2 7/8 TUBING  COMPLETION

OTHER JOB: Plug Job sand & cement upto 2272

5 sucks couldnt pull any pipe perforated at 250

Put 100 suck of cement down 5 1/2 125 sucks down outside

OUT: RODS SIZE: 1/2" 5/8" 3/4" 7/8" TOTAL

IN: RODS SIZE: 1/2" 5/8" 3/4" 7/8" TOTAL

# of RODS:

# of RODS:

ROD SUBS ON PR: "X" "X" "X" "X"

ROD SUBS ON PR: "X" "X" "X" "X"

ROD SUBS ON PUMP: "X" "X" "X" "X"

ROD SUBS ON PUMP: "X" "X" "X" "X"

TUBING SIZE: 1 1/2" 2 3/8" 2 7/8" 3" TOTAL

TUBING SIZE: 1 1/2" 2 3/8" 2 7/8" 3" TOTAL

# OF JOINTS:

# OF JOINTS:

SUBS ON TOP: "X" "X" "X" "X"

SUBS ON TOP: "X" "X" "X" "X"

SUBS ON BOTTOM: "X" "X" "X" "X"

SUBS ON BOTTOM: "X" "X" "X" "X"

OPERATOR: Jerilo HOURS 14 hrs  
FLOOR HAND: Brooks HOURS \_\_\_\_\_  
FLOOR HAND: Joe HOURS \_\_\_\_\_  
FLOOR HAND: Justin HOURS \_\_\_\_\_  
HYD. POWER SWIVEL HOURS \_\_\_\_\_  
MUD PUMP HOURS \_\_\_\_\_

14 hrs @ 125/hr = \$1750<sup>00</sup>

	TYPE	QUANTITY
GAS OR DIESEL		
PAINT		
THREAD-COMPOUND		
SWAB CUPS		
TOOL RENTAL		
MISC		

2011-066 Interco  
11/2/11  
Inter

74290

76-05

1750<sup>00</sup>

74910

99205

1750<sup>00</sup>

P/C