



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197770
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1197770

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

MAIN OFFICE
P.O. Box 844
Covina, CA 91720
800-431-4210 • 1-800-447-4278
Fax 626-431-0012

INVOICE

Invoice Date: 03/10/2014 Terms: 0/30/10,n/30

Invoice # 266589
Page 1

SEAWALK OIL & GAS
P.O. Box 9
MARION KS 66861
(620)392-2932

SVTTRK #3
46352
35-218-4E
03-13-2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 FOG MIX	149.00	13.1000	1963.82
	PREMIUM OIL / BENTONITE	600.00	.2200	132.00
	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
Sublet Performed				Total
9996-160	CHEMTR MATERIAL DISCOUNT			-652.15
491	DESCRIPTION	Hours	Unit Price	Total
603	MIN. BULK DELIVERY	1.00	368.00	368.00
603	CHEMTR PUMP	1.00	1085.00	1085.00
603	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00

Amount Due 3919.13 If paid after 03/28/2014

Labor: 2173.82 Freight: .00 Tax: 116.41 AM 3217.08
 Sublet: -652.15 Supplies: .00 Change: .00 Total: 3217.08

Signed _____ Date _____

AUTHORIZED BY: _____ TITLE: _____
 COMPANY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____



CONSOLIDATED
OIL WELL SERVICES, LLC

216 589

TICKET NUMBER 46252
LOCATION 180
FOREMAN Leahy, Steve

FIELD TICKET & TREATMENT REPORT

CEMENT API-

DATE	3-13-14	CUSTOMER #	7165	WELL NAME & NUMBER	Juback	43	SECTION	23	TOWNSHIP	21 S	RANGE	4E	COUNTY	Missouri
CITY	Warren	STATE	Ks	ZIP CODE	64861									
TRUCK #	403	DRIVER	Timothy	TRUCK #	491	DRIVER	Timothy							

WELL DEPTH: 728
HOLE SIZE: 7 7/8
CEMENT SIZE & WEIGHT: 358
TUBING: 2 1/2" - 258
OTHER: _____
CEMENT LEFT IN CASING: _____
WATER GEL: _____
DATE: _____
REMARKS: 324 lbs of 414 - 0780 358 lb to 200 + 42 200 + 42 lbs
111 lbs of 414 - 0780 358 lb to 200 + 42 200 + 42 lbs
200 + 42 lbs of 414 - 0780 358 lb to 200 + 42 200 + 42 lbs
42 lbs of 414 - 0780 358 lb to 200 + 42 200 + 42 lbs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	TRIP CHARGE	1035.00	1035.00
5406	30	WATER	4.80	144.00
1131	149	414 0780	13.18	1963.82
1138	600	lbs of 414	1.22	732.00
1109	100	lbs of 414	78.00	7800.00
5407	1	TRIP CHARGE	368.00	368.00
		324 lbs of 414	557.88	557.88
		600 lbs of 414	732.00	732.00
		100 lbs of 414	7800.00	7800.00
		SALES TAX ESTIMATED	116.41	116.41
		TOTAL	3917.08	3917.08

AUTHORIZATION: _____ DATE: _____
I acknowledge that the pertinent terms, conditions specifically appended 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 to

4 plus record
well file

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 08, 2014

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

Re: ACO-1
API 15-115-21159-00-02
Svitak 3
SW/4 Sec.35-21S-04E
Marion County, Kansas

Dear Craig Settle:

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 06/3/2013 and the ACO-1 was received on April 04, 2014 (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