



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197785
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
-----------------------------------	-----------------	---

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: _____

1197785

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

FIELD WORK ORDER, INVOICE AND CONTRACT



1883

Complete Cased Hole Services

P.O. Box 105 • El Dorado, KS 67042 • (316) 321-4500

Date <u>2-26-14</u>	Charge To: <u>SHAWMAR Oil & Gas Co.</u>	Lease and Well No. <u>GRASS # 7</u>
Operator <u>SULLIVAN</u>	Address <u>P.O. Box 9</u>	Field
Customer's T.D. <u>1066</u>	City & State <u>Marion, KS 66861-0009</u>	Legal Description <u>NW-NE-SE</u>
T.D.	Fluid Level <u>50'</u>	Casing Size <u>5 1/2</u>
Zero <u>K.B. 5' AGL.</u>	Type Fluid in Hole <u>WATER</u>	Casing Wt.
	Elevation	Casing Depth
		Sec. <u>35</u> Twp. <u>16s</u> Rng. <u>5E</u>
		County <u>MORRIS</u>
		State <u>KANSAS</u>

- The authorized agent and representative of the owner agrees to the following general terms and conditions of services to be rendered or which have been rendered:
- (1) All accounts are due and must be paid within 30 days from the date of services of Dyna-Log, Inc., and should these terms not be observed, interest at the rate of 18% per annum will be charged from the date of the services.
 - (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Dyna-Log, Inc., it is understood and agreed by the parties hereto that Dyna-Log, Inc. cannot guarantee the results of its efforts and its services and will not be held responsible for personal or property damage in the performance of its services.
 - (3) Should any Dyna-Log, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover the same, and to reimburse Dyna-Log, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
 - (4) The customer certifies that he has the full right and authority to order such work on such well and that the well in which the work is to be performed by Dyna-Log, Inc. is in proper and suitable condition for the performance of said work and that Dyna-Log, Inc. is merely working under the directions of the customer.
 - (5) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Dyna-Log, Inc. by governmental requirements including city, county, state and federal taxes and fees or reimburse Dyna-Log, Inc. for such taxes and fees paid to said agencies.
 - (6) No employee is authorized to alter the terms or conditions of this agreement between Dyna-Log, Inc. and the customer.
 - (7) I certify that the services have been performed by Dyna-Log, Inc. under my directions and control, and that all zones perforated were designed by me and all depth measurements were checked and approved.
 - (8) It is further stipulated and agreed to between the parties hereto that this agreement shall not become effective until the same is approved by Dyna-Log, Inc. in Sedgwick County, Kansas, and that the venue of any action, either in law or equity to enforce the terms of the same is agreed by the parties hereto to be in Sedgwick County, Kansas.

Dated, this _____ day of _____.

CUSTOMER	AUTHORIZED AGENT AND REPRESENTATIVE Dyna-Log, Inc.	OFFICER
WORK PERFORMED	PRICING	
Perforated With _____ as Follows:	SET UP: _____	\$ <u>800.00</u>
From ft. to ft., _____ Shots	PERFORATING:	
	1st _____ Shots	\$
From ft. to ft., _____ Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., <u>8-11-82101</u> Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., <u>3-10-14</u> Shots	LOGGING:	
	Logging Chg. _____ ft. @ \$ _____ ft.	\$
From ft. to ft., <u>2-59-20</u> Shots		
From ft. to ft., _____ Shots	BRIDGE PLUG:	
	Type <u>424-003</u> Depth <u>1060</u>	\$ <u>1500.00</u>
	CEMENT LOCATOR SURVEY:	\$
	SUB TOTAL.....	\$ <u>2300.00</u>
	TAX	\$ <u>59.20</u>
	TOTAL	\$ <u>2359.20</u>



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 266328

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

Page 1

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

GRASS #2
42920
35-16N-5E
03-04-2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	98.00	13.1800	1291.64
1118B	PREMIUM GEL / BENTONITE	392.00	.2200	86.24
1102	CALCIUM CHLORIDE (50#)	78.00	.7800	60.84

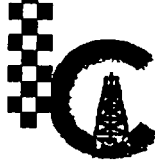
Sublet Performed	Description	Total
9995-180	CEMENT EQUIPMENT DISCOUNT	-431.62

Description	Hours	Unit Price	Total
446 P & A NEW WELL	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00
681 TON MILEAGE DELIVERY	1.00	410.59	410.59

Parts:	1438.72	Freight:	.00	Tax:	102.87	AR	2899.56
Labor:	.00	Misc:	.00	Total:	2899.56		
Sublt:	-431.62	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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

266328

TICKET NUMBER 42920

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-4-14	7665	grass #7	3S	16N	SE	Marion

CUSTOMER	Shadmar
MAILING ADDRESS	P O Box 9
CITY	marion
STATE	ks
ZIP CODE	66861

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Jeremy M		
681	Dustin		
702	Jacob		

JOB TYPE <u>plug B</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>2192</u>	CASING SIZE & WEIGHT <u>5 1/2 / 8 5/8 145</u>
CASING DEPTH <u>2190</u>	DRILL PIPE <u>2 7/8</u>	TUBING _____	OTHER _____
SLURRY WEIGHT <u>14.5 lb</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Salty meeting, Run pipe to 210ft Break circulation, mix 98 sks 60/40 pot 4 1/2 gal 11cc pull tabbing and top off
Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1085.00	1085.00
5406	70	MILEAGE	4.20	294.00
5407 A	70	x 4.16 ton mileage	1.41	410.59
1131	98	60/40 pot	13.18	1291.64
1118 B	392	gel	1.22	86.24
1103	78	calcium chloride	.78	60.84
		Subtotal		3228.31
		discount		431.62
		total		2796.69

completed

7.15

SALES TAX 102.87
ESTIMATED TOTAL 2899.56

RAVIN 3737
AUTHORIZATION

TITLE _____

DATE _____

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

FIELD WORK ORDER, INVOICE AND CONTRACT



1883

Complete Cased Hole Services

P.O. Box 105 • El Dorado, KS 67042 • (316) 321-4500

Date	2-26-14		Charge To:	SHAWMAR Oil - Gas Co.		Lease and Well No.	GRASS # 7	
Operator	SULLIVAN		Address	P.O. Box 9		Field		
Customer's T.D.	1066		City & State	Marion, KS 66861-0009		Legal Description	NW-NE-SE	
T.D.			Fluid Level	50'	Casing Size	5 1/2	Sec.	35 Twp. 16s Rng. 5E
Zero	K.B. S' AGL.		Type Fluid in Hole	WATER		Casing Wt.		
			Elevation		Casing Depth		County	MORRIS
							State	KANSAS

The authorized agent and representative of the owner agrees to the following general terms and conditions of services to be rendered or which have been rendered:

- (1) All accounts are due and must be paid within 30 days from the date of services of Dyna-Log, Inc., and should these terms not be observed, interest at the rate of 18% per annum will be charged from the date of the services.
- (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Dyna-Log, Inc., it is understood and agreed by the parties hereto that Dyna-Log, Inc. cannot guarantee the results of its efforts and its services and will not be held responsible for personal or property damage in the performance of its services.
- (3) Should any Dyna-Log, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover the same, and to reimburse Dyna-Log, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- (4) The customer certifies that he has the full right and authority to order such work on such well and that the well in which the work is to be performed by Dyna-Log, Inc. is in proper and suitable condition for the performance of said work and that Dyna-Log, Inc. is merely working under the directions of the customer.
- (5) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Dyna-Log, Inc. by governmental requirements including city, county, state and federal taxes and fees or reimburse Dyna-Log, Inc. for such taxes and fees paid to said agencies.
- (6) No employee is authorized to alter the terms or conditions of this agreement between Dyna-Log, Inc. and the customer.
- (7) I certify that the services have been performed by Dyna-Log, Inc. under my directions and control, and that all zones perforated were designed by me and all depth measurements were checked and approved.
- (8) It is further stipulated and agreed to between the parties hereto that this agreement shall not become effective until the same is approved by Dyna-Log, Inc. in Sedgwick County, Kansas, and that the venue of any action, either in law or equity to enforce the terms of the same is agreed by the parties hereto to be in Sedgwick County, Kansas.

Dated, this _____ day of _____

CUSTOMER	AUTHORIZED AGENT AND REPRESENTATIVE Dyna-Log, Inc.	OFFICER
WORK PERFORMED		PRICING
Perforated With _____ as Follows:	SET UP:	\$ 800. ⁰⁰
From ft. to ft., _____ Shots	PERFORATING:	\$
From ft. to ft., _____ Shots	1st _____ Shots	\$
From ft. to ft., _____ Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., <u>P# 82101</u> Shots	Next _____ Shots @ \$ _____ Ea.	\$
From ft. to ft., <u>3-10-14</u> Shots	LOGGING:	\$
From ft. to ft., <u>2559.20</u> Shots	Logging Chg. _____ ft. @ \$ _____ ft.	\$
From ft. to ft., <u>7</u> Shots	BRIDGE PLUG:	\$
	Type <u>42-003</u> Depth <u>1060</u>	\$ 1500. ⁰⁰
	CEMENT LOCATOR SURVEY:	\$
		\$
		\$
		\$
	SUB TOTAL.....	\$ 2300. ⁰⁰
	TAX	\$ 59.20
	TOTAL	\$ 2359.20



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 266328

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

Page 1

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

GRASS #2
42920
35-16N-5E
03-04-2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	98.00	13.1800	1291.64
1118B	PREMIUM GEL / BENTONITE	392.00	.2200	86.24
1102	CALCIUM CHLORIDE (50#)	78.00	.7800	60.84

Sublet Performed	Description	Total
9995-180	CEMENT EQUIPMENT DISCOUNT	-431.62

Description	Hours	Unit Price	Total
446 P & A NEW WELL	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00
681 TON MILEAGE DELIVERY	1.00	410.59	410.59

Parts:	1438.72	Freight:	.00	Tax:	102.87	AR	2899.56
Labor:	.00	Misc:	.00	Total:	2899.56		
Sublt:	-431.62	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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

266328

TICKET NUMBER 42920

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
3-4-14	7665	grass #7	3S	16N	SE	Marion																
CUSTOMER Shadmar			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeremy M</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>Dustin</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeremy M			681	Dustin			702	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Jeremy M																					
681	Dustin																					
702	Jacob																					
MAILING ADDRESS P O Box 9																						
CITY marion		STATE KS	ZIP CODE 66861																			
JOB TYPE <u>plug B</u>		HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>2192</u>	CASING SIZE & WEIGHT <u>5 1/2 / 8 5/8 145</u>																		
CASING DEPTH <u>2190</u>		DRILL PIPE <u>2 7/8</u>	TUBING	OTHER																		
SLURRY WEIGHT <u>14.5 lb</u>		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING																		
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE																		
REMARKS: <u>Salty meating, Run pipe to 210 ft Break circulation, mix 98 sks 60/40 p02 4 1/2 gal KCC pull tubing and top off Job complete.</u>																						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
5407 A	70	x 4.16 ton mileage	1.41	410.59 ✓
1131	98	60/40 p02	13.18	1291.64 ✓
1118 B	392	gel	1.22	86.24 ✓
1102	78	calcium chloride	.78	60.84 ✓
			Subtotal	3228.31
			discount	- 431.62 ✓
			total	2796.69
			<input checked="" type="checkbox"/>	completed
			7.15	SALES TAX
				ESTIMATED
				TOTAL
				102.87 ✓
				2899.56 ✓

RAV/n 3737
AUTHORIZATION [Signature] TITLE _____ DATE _____

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



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 15-127-19038-00-01
Carlson Grass 7
SE/4 Sec.35-16S-05E
Morris 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 10/28/2013 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