



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208931
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: _____

1208931

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
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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
<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shawmar Oil & Gas Co., Inc.
Well Name	Grass 4
Doc ID	1208931

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	22	145	unknown	0	unknown number sks
Production	7.7875	5.5	15.5	2197	unknown	0	unknown number sks
Liner	4.75	4.5	9.5	2159	Class A	375	
Tubing	4.75	2.375	4.6	2147		0	



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 # 241675

Invoice Date: 05/31/2011 Terms: 0/0/30,n/30

Page 1

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

GRASS #4
31008
35-16-5
05-23-11
KS

Part Number	Description	Qty	Unit Price	Total
3108	20% HCL	2500.00	1.8500	4625.00
3166	ACID INHIBITOR	4.00	46.0000	184.00
3171A	IRON REDUCER (THE REDUCE	10.00	51.0000	510.00
3145	WATER WETTING AGENT (ESA	10.00	38.3600	383.60
3144	CLAY STAY (CS-250) (ESA-5	15.00	37.0000	555.00
3122	AMMONIUM BIFLORIDE (CRYS	100.00	3.7000	370.00
1131	60/40 POZ MIX	240.00	11.9500	2868.00
1118B	PREMIUM GEL / BENTONITE	950.00	.2000	190.00
1102	CALCIUM CHLORIDE (50#)	240.00	.7000	168.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	975.00	975.00
446 EQUIPMENT MILEAGE (ONE WAY)	66.00	4.00	264.00
491 MIN. BULK DELIVERY	1.00	330.00	330.00
550 ACID TRANSPORT (5000 GAL)	2.00	140.00	280.00

Parts:	9853.60	Freight:	.00	Tax:	235.49	AR	11938.09
Labor:	.00	Misc:	.00	Total:	11938.09		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31008
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
5-23-11	7665	grass #4	35	16	5	morris
CUSTOMER			TRUCK #			
Shawmar oil and gas			446			
MAILING ADDRESS			DRIVER			
po box 9			Jeff			
CITY			TRUCK #			
marion			491			
STATE	ZIP CODE	DRIVER				
KS	66861	Steve				
			550			
			511			
			Jacob			

Safety meeting
JS
J.S.
SA
CA

JOB TYPE 1 in/Acid B HOLE SIZE 4 1/2 HOLE DEPTH 2211 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 22 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT B.S SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 0 DISPLACEMENT PSI 0 MIX PSI 1300 RATE 2 ben

REMARKS: Safety meeting, Run 1 in on back side of 4 1/2 to 450ft mixed 240 sks 60/40 4 1/2 gel 1 1/2 cc circulating cement to surface, pulled 1 in out pumped 2500 gal 20% Hcl down 2 3/8 flowing with 11661 water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	66	MILEAGE	4.00	264.00
5407	1	min bulk delivery	330.00	330.00
5310A	2hr	Acid transport	140.00	280.00
3108	2500 gal	20% Hcl	1.85	4625.00
3166	4 gal	inhibitor	46.00	184.00
3171A	10 gal	Iron control	51.00	510.00
3145	10 gal	Soap	38.36	383.60
3144	15 gal	clay stay	37.00	555.00
3122	100 lb	Ammonium BiFloride	3.70	370.00
1131	240 sks	60/40 poz	11.95	2868.00
1118 B	950 lb	gel	0.20	190.00
1102	240 lb	calcium chloride	0.70	168.00
			Subtotal	11702.60
			SALES TAX	235.49
			ESTIMATED TOTAL	11938.09

241615

AUTHORIZATION James May 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