

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237216
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: _____

1237216

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Shawmar Oil & Gas Co., Inc.
Well Name	Brooks C 1
Doc ID	1237216

All Electric Logs Run

Gamma Ray (GTR)
Borehole Compensated Neutron (CNT)
Photoelectric Lithology Density (LDT)
X-Y Caliper Combined
Phased Induction Tool (PIT)
Micro Log (MLT)



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.Box884
Chanute,KS 66720
620/431-9210,1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

802582

Invoice Date: 12/12/14

Terms: Net 30

Page 1

SHAWMAR OIL & GAS

P.O. BOX 9
MARION KS 66861
USA
6203822932

Brooks C-1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	30.000	4.2000	0.000	126.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
1104S	Class A Cement	100.000	15.7000	30.000	1,099.00
1118B	Premium Gel / Bentonite	300.000	0.2200	30.000	46.20
1102	Calcium Chloride (50#)	200.000	0.7800	30.000	109.20
1107	Flo-Seal	500.000	0.4600	30.000	161.00
4159	Float Shoe AFU 5 1/2	1.000	361.0000	0.000	361.00
4454	5 1/2 Latch Down Plug	1.000	266.7500	0.000	266.75
4136	Turbolizer 5 1/2	3.000	63.0000	0.000	189.00
4310	Misc. Equipment	4.000	35.5000	0.000	142.00
1144G	Mud Flush	500.000	1.1000	0.000	550.00

Subtotal 5,109.75

Discounted Amount 606.60

SubTotal After Discount 4,503.15

Amount Due 5,379.85 If paid after 01/11/15

Tax: 223.70

Total: 4,726.85

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

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

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

JM 1426

FT 1381

INVOICE # 80582

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 48528
LOCATION CL Bernardo
FOREMAN Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-14	7665	Brooks C-1	10	22	4	Marion
CUSTOMER Shawmar Oil & Gas Inc			Adrian W. River			
MAILING ADDRESS 1116 E. Main			rd to 60th 16 1/2 S E 1/4			
CITY Marion	STATE KS	ZIP CODE 66861	TRUCK # 760	DRIVER Chris	TRUCK #	DRIVER
			775	Tyler		
				Scotty		

JOB TYPE Production HOLE SIZE 7 1/8 HOLE DEPTH 2630' CASING SIZE & WEIGHT 5 1/2
CASING DEF IN 2577' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 61.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Shawmar Dalg. Flood equip - Cont 1-3-6
circ on bottom 1/2 hr. Recup and pump 5 BBL water several mud flush
5 BBL water. Mix 100 sks Class A 3 7/8 seal 2 9/16 cc w/ 5* Kalsol
wash pump and lines Drop plug and dis place 62 1/4 BBL
500* lift hand plug @ 1000'. Flood hold.

THANKS
Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
5407	4.7 ton	Tow mileage delivery (min)	75.00	368.00
1104	2103 100 sks	Class A	15.20	1570.00
118 B	300*	Gal	.22	66.00
1102	200*	Calcium chloride	.75	156.00
1107	500*	Kalsol	.46	230.00
4159	1	5 1/2 - AFU Float shoe	361.00	361.00
4454	1	5 1/2 - hook holder w/assy	266.75	266.75
4136	3	5 1/2 - centralizers	63.00	189.00
11446	2104 500 gal	Mud flush	1.10	550.00
4310	4'	5 1/2 - landing shoe JT	3530.00	142.00
		subtotal		5109.75
		disc		606.50
		subtotal		4503.25
		7.65 SALES TAX		223.70
		ESTIMATED TOTAL		4726.85

Rev'n 3737

AUTHORIZATION [Signature] TITLE Floor hand 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.



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 # 272062

Invoice Date: 10/28/2014 Terms: 0/30/10,n/30

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

BROOKS C-1
46541
10/22/4
10/24/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	15.7000	2512.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1107	FLO-SEAL (25#)	160.00	2.4700	395.20
4106	8 5/8" CEMENT BASKET	2.00	336.0000	672.00
4317	8 5/8" LOCK RING	4.00	42.5000	170.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1000.86

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
491 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5861.84 if paid after 11/07/2014

Parts:	4178.20	Freight:	.00	Tax:	243.07	AR	4784.41
Labor:	.00	Misc:	.00	Total:	4784.41		
Sublt:	-1000.86	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

