



KANSAS CORPORATION COMMISSION 1061361
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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
CONTRACTOR: License # 5192
Name: Shawmar Oil & Gas Co., Inc.
Wellsite Geologist: N/A
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: Ward McGinnis
Well Name: Carlson #1
Original Comp. Date: 12/1/1950 Original Total Depth: 2219
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
01/25/2011		4/6/2011

API No. 15 - 15-127-19014-00-01
Spot Description: _____
E2 NW NW SW Sec. 36 Twp. 16 S. R. 5 East West
2970 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morris
Lease Name: Carlson Well #: 1
Field Name: Three Mile Creek South
Producing Formation: Mississippi
Elevation: Ground: 1450 Kelly Bushing: 1454
Total Depth: 2219 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 150 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

Letter of Confidentiality Received
Date: 08/12/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/15/2011



1061361

Operator Name: Shawmar Oil & Gas Co., Inc. Lease Name: Carlson Well #: 1
 Sec. 36 Twp. 16 S. R. 5 East West County: Morris

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>2191</td> <td>-740</td> </tr> </table>	Name	Top	Datum	Mississippi	2191	-740
Name	Top	Datum					
Mississippi	2191	-740					

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Production	7.875	5.5	16	2185	60/40 POZ mix	150	Cal Chlor/Gel Bentonite

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				

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: <u>2.875</u> Set At: <u>2207.93</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>04/07/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbbls. <u>20</u>	Gas Mcf _____ Water Bbbls. _____ 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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: <u>2185</u> <u>2219</u>
---	--	--

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 12, 2011

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

Re: ACO1
API 15-127-19014-00-01
Carlson 1
SW/4 Sec.36-16S-05E
Morris County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Beau Cloutier



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 # 240029

Invoice Date: 03/22/2011 Terms: 0/0/30,n/30

Page 1

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

CARLSON #1
30921
36-16S-5E
03-16-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	14.2500	2137.50
1110A	KOL SEAL (50# BAG)	600.00	.4400	264.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
1102	CALCIUM CHLORIDE (50#)	240.00	.7000	168.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00

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
502 TON MILEAGE DELIVERY	465.29	1.26	586.27

Parts:	2699.50	Freight:	.00	Tax:	197.06	AR	4721.83
Labor:	.00	Misc:	.00	Total:	4721.83		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30921

LOCATION #80 Eldorado

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

AD 15-15-127-19014-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
3-16-11	7665	Carlson #1	36	16 S	5 E	Morris																				
CUSTOMER Sharmar oil and gas			<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>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Terild</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> <tr> <td>539</td> <td>Lary</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			502	Terild			511	Jacob			539	Lary		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
446	Jeff																									
502	Terild																									
511	Jacob																									
539	Lary																									
MAILING ADDRESS Po box 9																										
CITY Marion	STATE KS	ZIP CODE 66861																								
Saffy marking J.S. J.D.																										

JOB TYPE lang string B HOLE SIZE 7 7/8 HOLE DEPTH 2219 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 37.6 DISPLACEMENT PSI 400 MIX PSI 100 RATE 4 bpm

REMARKS: Saffy meeting, Broke circulation, circulated for 15 min mixed 150 sks 2x cc - 2x gel 5lb knot-seal per sack displaced with plug to 1542 trailing with wire line shut in at 100 psi.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	66 mile	MILEAGE	4.00	264.00
5407 A	66 mile	ton delivery x 7.05 ton x	1.26	586.27
1104 S	150 sks	class A cement	14.25	2137.50
1110 A	600	Kol-Seal	0.44	264.00
1118 B	300	gel	0.20	60.00
1102	240	calcium chloride	0.70	168.00
4406	1	5 1/2 Rubber plug	70.00	70.00
			Subtotal	4524.77
			SALES TAX	197.06
			ESTIMATED TOTAL	4721.83

Rev'n 3737
 AUTHORIZATION: [Signature] TITLE: 240029 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 # 240030

=====
Invoice Date: 03/22/2011 Terms: 0/0/30,n/30

Page 1

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

CARLSON #1
30848
03-16-11
KS

Part Number	Description	Qty	Unit Price	Total
4482	5 1/2" 32A PACKER RENTAL	1.00	1000.0000	1000.00
4480	5 1/2" TS RBP RENTAL	1.00	980.0000	980.00
2101A	20-40 BROWN SAND	200.00	.2600	52.00

=====
Parts: 2032.00 Freight: .00 Tax: .00 AR 2032.00
Labor: .00 Misc: .00 Total: 2032.00
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/838-5269

WORLD, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30848
LOCATION E1 DAWG #80
FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT

CEMENT APL 15-15-127-19014-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-16-11	7665	Carlson #1	36	162	5E	Wheeler
CUSTOMER						
SHOWMAN OIL & GAS						
MAILING ADDRESS						
P.O. Box 9						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
MARION	Ks	66861	539	LARRY		

JOB TYPE TOOLS B HOLE SIZE 7 7/8 HOLE DEPTH 2219 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2185 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran tools to 2106 ft. Set RRP at 2100 ft. Tested to 1100 lbs. - Spotted 100 lbs 20/40 SAND - Pilled 100 lbs to 1618 ft - Tested casing to 500 lbs - Pilled good - Pilled tools casing sp - 1580 -

Cemented casing down 5 1/2 -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		
		MILEAGE		
4482	1	5 1/2 32 A Packer Rental	1000.00	1000.00
4480	1	5 1/2 A2 RRP Rental	980.00	980.00
2101A	200	100 20/40 SAND	26	52.00
		<u>Subtotal</u>		<u>2032.00</u>
		SALES TAX		<u>0</u>
		ESTIMATED TOTAL		<u>2032.00</u>

Revin 3737

240030

AUTHORIZATION [Signature] 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.



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 # 240237

Invoice Date: 03/29/2011 Terms: 0/0/30,n/30

Page 1

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

CARLSON #1
30927
36-16S-5E
03-23-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	120.00	11.9500	1434.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7000	70.00
1118B	PREMIUM GEL / BENTONITE	275.00	.2000	55.00
Description		Hours	Unit Price	Total
446	MISC. PUMP (CEMENT TRUCK) MIT WASH	2.00	200.00	400.00
446	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
491	MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1559.00 Freight: .00 Tax: 113.81 AR 2402.81
Labor: .00 Misc: .00 Total: 2402.81
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30927
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												
3-23-11	7665	Carlson #1	36	165	5E	marion												
CUSTOMER Shawmar oil			Safety meeting JB P.S. K.V.															
MAILING ADDRESS PO box 9																		
CITY Marion	STATE KS	ZIP CODE 66861																
<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>Jacob</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Karen</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jeff</td> <td></td> <td></td> </tr> </tbody> </table>							TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jacob			491	Karen		
TRUCK #	DRIVER	TRUCK #	DRIVER															
446	Jacob																	
491	Karen																	
511	Jeff																	

JOB TYPE lin backside B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 25 lb
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.0 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 0 DISPLACEMENT PSI 0 MIX PSI 1500 RATE 3 bpm

REMARKS: Safety meeting, Run lin to 220' mixed 120 sks 60-40 4x gel 2x cc. Circulated cement to surface pulled lin and topped off.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5609	2 h	PUMP CHARGE	200.00	400.00
5406	66 mile	MILEAGE	4.00	N/C
5407	1	min bulk delivery	330.00	330.00
1131	120 sks	60-40 po2	11.95	1434.00
1102	100 lbs	Calcium chloride	0.70	70.00
1118 B	275 lbs	gel	0.20	55.00
			Subtotal	2289.00
			SALES TAX	113.81
			ESTIMATED TOTAL	2402.81

Rev'n 3737

AUTHORIZATION Jacob Storm TITLE 240281 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.

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 15, 2011

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

Re: ACO-1
API 15-127-19014-00-01
Carlson 1
SW/4 Sec.36-16S-05E
Morris County, Kansas

Dear Beau Cloutier:

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 01/25/2011 and the ACO-1 was received on August 12, 2011 (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