

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACC-1
September 1998
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Operator: License # 5192
Name: Shawmar Oil & Gas Company, Inc.
Address: P.O. Box 9
City/State/Zip: Marion, KS 66861
Purchaser: _____
Operator Contact Person: James M. Cloutier
Phone: (620) 382-2932
Contractor: Name: Shawmar Oil & Gas Company, Inc.
License: 5192
Wellsite Geologist: None

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

04/28/05 05/18/05 05/27/05
Spud Date or 05/18/05 Date Reached TD 05/27/05 Completion Date or
Recompletion Date 05/27/05 Recompletion Date

API No. 15 - 017-20871-00-00
County: Chase
_____ NE 1/4 _____ NW 1/4 _____ SW 1/4 Sec. 26 Twp. 18 S. R. 6 East West

2490 feet from (S) N (circle one) Line of Section
2660 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: LIPS Well #: 2-26

Field Name: Lipps (D)
Producing Formation: Admire

Elevation: Ground: 1408 Kelly Bushing: _____
Total Depth: 1500 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 201 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 No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: President Date: July 26, 2005

Subscribed and sworn to before me this 26th day of July,
2005

Notary Public: Carol Makovec **CAROL MAKOVEC**
NOTARY PUBLIC
Date Commission Expires: 03/01/08 **STATE OF KANSAS**

My Appt. Exp. 03/01/08

KCC Office Use ONLY

YES Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution