

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

September 1999

Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5192

Name: Shawmar Oil & Gas Company, Inc.

Address: PO Box 9

City/State/Zip: Marion, KS 66861

Purchaser: _____

Operator Contact Person: Beau J. Cloutier

Phone: (620) 382-2932

Contractor: Name: Shawmar Oil & Gas Company, Inc.

License: 5192

Wellsite Geologist: George E. Peterson

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. _____

06/02/06 06/08/06 06/12/06

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 115-21353-0000

County: Marion

SE SE NW Sec. 23 Twp. 18 S. R. 4 East West

2310 feet from S / N (circle one) Line of Section

2100 feet from E. / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: WIGHT C Well #: 7

Field Name: Lost Springs

Producing Formation: Severy

Elevation: Ground: 1418' Kelly Bushing: _____

Total Depth: 1260' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 202 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set N/a Feet

If Alternate II completion, cement circulated from N/a

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: Beau J. Cloutier

Title: Vice-President Date: Aug 8, 2006

Subscribed and sworn to before me this 8 day of Aug

20 06

Notary Public: Carol Makovec

Date Commission Expires: 3-1-08

**CAROL MAKOVEC
NOTARY PUBLIC
STATE OF KANSAS**

My Appt. Exp. 3-1-08

KCC Office Use ONLY

4 Letter of Confidentiality Received

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

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Side Two

Operator Name: Shawmar Oil & Gas Company, Inc. Lease Name: WIGHT C Well #: 7
Sec. 23 Twp. 18 S. R. 4 [X] East [] West County: Marion

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
List All E. Logs Run:

Table with 3 columns: Name, Top, Datum. Rows include Admire (786, +632), Admire sd (817, +601), Howard Ls (1130, +288), Severy Sd (1173, +245), and RTD 1260 & LTD 1254.

Dual Induction Log, Dual Compensated Porosity Log

CASING RECORD table with columns: Purpose of String, Size Hole Drilled, Size Casing Set, Weight Lbs./ Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives. Row 1: Surface, 12 3/4, 8 5/8, 22#, 202, Reg. Class A, 125, 2% gel, 3% CACLz, floccle.

ADDITIONAL CEMENTING / SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD table with columns: Shots Per Foot, PERFORATION RECORD - Bridge Plugs Set/Type, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run [] Yes [X] No.

Date of First, Resumerd Production, SWD or Enhr. Producing Method [] Flowing [] Pumping [] Gas Lift [] Other (Explain).

Estimated Production Per 24 Hours table with columns: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas: [] Vented [] Sold [] Used on Lease. METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled. Production Interval: [] Other (Specify).

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KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

KCC

AUG 08 2006

TICKET NUMBER 10078

LOCATION Faroka

FOREMAN Brad Butler

CONFIDENTIAL
 TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-5-06	1105	Wight C #7	23	18s	4E	Marion	
CUSTOMER Shawnee Oil & Gas			CO. Tools				
MAILING ADDRESS P.O. Box 9							
CITY Marion		STATE KS.	ZIP CODE 66861	TRUCK #	DRIVER	TRUCK #	DRIVER
				446	Scott		
				479	Calin		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 204' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 202' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 30 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 11 3/4 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing, Break circulation with fresh water
Mixed 125 sks Reg. cement / 22 gal 32 ctls 1/2" Floccle.
Displaced cement with 11 3/4 Bbls water, shutdown - close casing in.
Good cement returns to surface with .5 Bbl slurry.
Job complete - Teardown

"Thanks"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	60	MILEAGE	3.15	189.00
11045	125 sks	Regular-class A cement	11.25	1406.25
1118A	200 lbs	Gel 2%	.14	28.00
1102	350 lbs	CACL 3%	.64	224.00
1107	30 lbs	Floccle 1/2" 1 1/2" sk	1.80	54.00
5407A	5.98 Ton	60 miles - Bulk Truck	1.05	370.44
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				KCC WICHITA
			Sub Total	2891.69
			SALES TAX 6.3%	107.86
			ESTIMATED TOTAL	2999.55

AUTHORIZATION Witnessed by Bennie

206085
 TITLE _____

DATE _____

KCC

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

AUG 08 2006

CONFIDENTIAL

TICKET NUMBER 10084
 LOCATION Eureka
 FOREMAN Brad Butler

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-12-06	11005	Wight C #7	23	18s	4E	Marion
CUSTOMER Shawmar Oil & Gas			CO. Tools			
MAILING ADDRESS P.O. Box 9						
CITY Marion	STATE Ks.	ZIP CODE 66861				
TRUCK # DRIVER TRUCK # DRIVER						
			446	Scott		
			442	Rick P.		

JOB TYPE P.T.A. HOLE SIZE 6 3/4" HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH _____ DRILL PIPE 2 7/8" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Set Cement Plugs as following:

30 SKs at 270'
20 SKs at 60' To Surface
50 SKs Total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	800.00	800.00
5406	60	MILEAGE	3.15	189.00
1131	50 SKs.	60/40 Pozmix cement	9.35	467.50
118 A	170 lbs	6cb 4%	.14	23.80
5407	2.15 Ton	mileage - Bulk Trk	m/c	275.00
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KCC WICHITA				
			Sub Total	1755.30
			SALES TAX 6.9%	30.95
			ESTIMATED TOTAL	1786.25

2006/11

AUTHORIZATION called by Bonnie TITLE _____ DATE _____