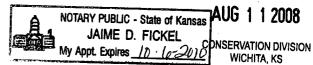
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Kansas Corporation Commission Oil & Gas Conservation Division

OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5488	API No. 15 - 001-29733-0000			
Name: TWM Production Company	County: Allen			
Address: 1150 Highway 39	SE -NE - SE - Sec. 22 Twp. 26 S. R. 18 V East West			
City/State/Zip: Chanute, Kansas 66720	1651' feet from (3) / N (circle one) Line of Section			
Purchaser: CMT	459' feet from (E)/ W (circle one) Line of Section			
Operator Contact Person: Michael Or Jennifer Wimsett	Footages Calculated from Nearest Outside Section Corner:			
Phone: (620) 431-4137	(circle one) NE SE NW SW			
Contractor: Name: W & W Production Company	Lease Name: CANNON A Well #: 54			
License: 5491	Field Name: HUMBOLDT/CHANUTE			
Wellsite Geologist: NONE	Producing Formation: BARTLESVILLE			
Designate Type of Completion:	Elevation: Ground: N/A Kelly Bushing: N/A			
New Well Re-Entry Workover	Total Depth: 886' Plug Back Total Depth:			
✓ Oil SWD SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at 22' 6" Feet			
'				
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No			
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth set Feet			
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from 868'			
Operator:	feet depth to SURFACE w/ 174 sx cmt.			
Well Name:	Drilling Fluid Management Plan Alt II NOR 8-21-08			
Original Comp. Date: Original Total Depth:	(Data must be collected from the Reserve Pit)			
Deepening Re-perf Conv. to Enhr./SWD	Chloride content ppm Fluid volume bbls			
Plug BackPlug Back Total Depth	Dewatering method used			
Commingled Docket No.	Location of fluid disposal if hauled offsite:			
Dual Completion Docket No.	Operator Name			
Other (SWD or Enhr.?) Docket No.	Operator Name:			
4/14/08 4/15/08 4/24/08	Lease Name: License No.:			
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec TwpS. R			
Kansas 67202, within 120 days of the spud date, recompletion, workow Information of side two of this form will be held confidential for a period of	th the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, ver or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-15 and geologist well report shall be attached with this form. ALL CEMENTING is. Submit CP-111 form with all temporarily abandoned wells.			
All requirements of the statutes, rules and regulations promulgated to regul herein are complete and correct to the best of my knowledge.	late the oil and gas industry have been fully complied with and the statements			
Signature: Serviff a. Winsett	KCC Office Use ONLY			
Fitle: Secretary Date: 8/06/08	Letter of Confidentiality Received			
	1 \			
Subscribed and sworn to before me this 2 day of AAC.	If Denied, Yes Date:			
Subscribed and sworn to before me this	If Denied, Yes Date: Wireline Log Received			
Subscribed and sworn to before me this	, \			
	Wireline Log Received			



WICHITA, KS

Lease Name: CANNON A Operator Name: TWM Production Company County: Allen 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. Log Formation (Top), Depth and Datum Sample **Drill Stem Tests Taken** Yes **V** No (Attach Additional Sheets) Name Top **Datum** Yes ✓ No Samples Sent to Geological Survey Cores Taken Yes ✓ No ✓ Yes ✓ No Electric Log Run (Submit Copy) List All E. Logs Run: WELL LOG AND GAMMA RAY CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Weight Setting # Sacks Type and Percent Size Hole Size Casing Type of Purpose of String Drilled Set (In O.D.) Depth Lbs. / Ft Cement Used Additives **SURFACE** 11" 8 5/8" 22' 6" **PORTLAND** 6 **CASING** 2 - 7/8 868 **PORTLAND** 174 ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement #Sacks Used Type and Percent Additives Top Bottom Perforate Protect Casing Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth 811.0 - 832.0 FRAC WITH 40 SACKS SAND 800 TUBING RECORD Size Set At Liner Run Packer At Yes ☐ No 2 7/8 868 Date of First, Resumerd Production, SWD or Enhr. **Producing Method** Flowing Pumping Gas Lift 4/24/08 Other (Explain) **Estimated Production** Oil Bbls. Gas Mcf Water Bbls Gas-Oil Ratio Gravity Per 24 Hours 3 METHOD OF COMPLETION Disposition of Gas Production Interval ☐ Vented ☐ Sold ☐ Used on Lease Open Hole Perf. Dually Comp. Commingled (If vented, Submit ACO-18.) RECEIVED Other (Specify) KANSAS CORPORATION COMMISSION

AUG 1 1 2008

'WARNING"

DANGER - MAY CAUSE BURNS TO EYES AND SKIN. CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER, SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY. DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE A NIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN.



This Shipping Order,

SHIPPING ORDER

AT HUMBOLDT, KANSAS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

•	4-17-08	SHIPPER'S NO.	804287
WWP50C			Subject to Section 7 of conditions, if this shipment is to be delivered to the consigner without recourse on the consignor, the consignor shall sign the following statement:
	•	00011	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
•			(Signature of Consignor)
	(Mail or street address of consignee — For pur	poses of notification only.)	If charges are to be prepaid, write or stamp here, "To Be Prepaid."
CONSIGNED TO	1150 W HIGHWAY 39		
•	CHANUTE KANSAS	1	
DESTINATION			Received \$
ROUTE //	W/ // Cill		to apply in prepayment of the charges on the property described hereon.
CAR NO./TRAILER NO.	YOUR NO.		Agent or Cashief
1	Ø		(The signature here acknowledges only the amount prepaid.)
Quantity	Description	Class or Rate	Charges Advanced:
7.06 T	ONS		1

TYPE 1/11 CEMENT

RECEIVED KANSAS CORPORATION COMMISSION

AUG 1 1 2008

CONSERVATION DIVISION WICHITA, KS

_				-				
•	LBS. GROSS	43980 LB	I 6	88 S	TIME	07:40 AM	17 APR	. Ø8 .
開開	LBS. TARE	2986Ø LB ³	I 60	92 2	Ø7:37	' AM	Gates Closed: Last Product Hauled:	
	CORRECT NET	14120 LB	rate is dependent on		state specifically in wri			s or shipper's weight. NOTE-Where eed or declared value of the proper
_	CERTIFIED S	SHIPPERS WEIGHTS	THE MONA	ARCH CEMENT CO	MPANY			A

Permanent post office address of shipper,

HUMBOLDT, KANSAS 66748

SPECIAL INSTRUCTIONS

LOAD

311

RUN: 4/15/08