

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: N/a
Operator Contact Person: Beau J. Cloutier
Phone: (620) 382-2932
Contractor: Name: Shawmar Oil & Gas Company, Inc.
License: 5192

Wellsite Geologist: George 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. _____

<u>07/05/06</u>	<u>07/20/06</u>	<u>07/25/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 017-20888-0000

County: Chase

C. N/2 SE/4 SW/4 Sec. 21 Twp. 18 S. R. 6 East West

990 feet from (S) (N) (circle one) Line of Section

1980 feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Lease Name: LIPS Well #: 3-21

Field Name: Lipps

Producing Formation: KC Lansing

Elevation: Ground: 1478 Kelly Bushing: _____

Total Depth: 1,954' 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 _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *ACCEPTED with 8-27-07*
(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: 8/29/06

Subscribed and sworn to before me this 29 day of August

20 06

Notary Public: Carol Makovec

Date Commission Expires: 03/01/08

CAROL MAKOVEC
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 03/01/08

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

AUG 30 2006

KCC WICHITA

Operator Name: Shawmar Oil & Gas Company, Inc. Lease Name: LIPS Well #: 3-21
 Sec. 21 Twp. 18 S. R. 6 East West County: Chase

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 No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Severy Sd 962 +518
 Lansing Gp. 1530 -50
 B/KC 1880 -400

Dual Induction; Dual Compensated Porosity;
 Microresistivity Log

CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8	24#	201	regular	125	3%Caclz,2%gel,flocele

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
N/a	none	None	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		None	N/a	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
Dry		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	none	none	none		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 Production Interval _____

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 AUG 30 2006
 KCC WICHITA

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

KCC

AUG 29 2006

TICKET NUMBER 10134

CONFIDENTIAL

LOCATION Eureka

FOREMAN Russell McCoy

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-7-06	7665	HIPPS 3-21	21	18 S	6 E	CHAS E
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Shawnee Oil & Gas Co. Inc.			463	ALAN		
MAILING ADDRESS			479	HARRY		
P.O. Box 9						
CITY	STATE	ZIP CODE				
Marion	KS	66861				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 201 CASING SIZE & WEIGHT 8 5/8 24 #
 CASING DEPTH 200 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 # SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT In CASING 10'
 DISPLACEMENT 12 Bbl DISPLACEMENT PSI _____ MIX PSI 200 # RATE _____

REMARKS: Safety meeting, Rig up to 8 5/8 casing, Break circulation w/ 5 Bbl water mix 125 SKs Reg cement w/ 3% cc 2% Gal 1/4 Flocc. Displace w/ 12 Bbl water. Good cement Returns to Surface. Job Complete. TBR Down.

THANK YOU.

Russell McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE		
5406	60	MILEAGE	620.00	620.00
			3.15	189.00
1104 S	125 SKs	Regular cement	11.25	1406.25
1102	350 #	CA612 3%	.64	224.00
1118 A	200 #	Gal 2%	.14	28.00
1107	30 #	Flocc 2	1.80	54.00
5407 A	5.88 Ton	60 miles Bulk Truck	1.05	370.44
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			Sub TOTAL	2,891.69
			6.8 % SALES TAX	197.86
			ESTIMATED TOTAL	2,999.55

AUTHORIZATION Called by company R.9 TITLE _____

206903

DATE 7-7-06

KCC

AUG 29 2006

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

TICKET NUMBER 10364

LOCATION Eureka

FOREMAN Steve Mead

CONFIDENTIAL

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-06	7665	Lipps 3-21	21	18S	8E	Chase
CUSTOMER Shawmar Oil & Gas Co. Inc			TRUCK #			
MAILING ADDRESS P.O. Box 9			DRIVER			
CITY Marion		STATE KS	TRUCK #			
ZIP CODE 66861		DRIVER				
			463 Alan			
			442 Jim			
			Extra hand Jerald			

JOB TYPE P.T.A HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to Drill pipe. Solid cement plug for 270' to surface. Pull out drill pipe. Fill hole back up. Used 95sks 69/40 Pozmix, 4% Gel. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE		
5406	60	MILEAGE	3.15	189.00
1131	95sks	69/40 Pozmix	9.35	888.25
1118A	300 ^g	Gel	.14	42.00
5407 A	4.09 Tan	Tan Mileage @ Bulk Truck 60 miles	1.05	257.04
			Subtotal	21,76.29
			SALES TAX 6.3%	58.01
			ESTIMATED TOTAL	22,342.90

RECEIVED

AUG 30 2006

KCC WICHITA

AUTHORIZATION Ken [Signature]

TITLE 201304

DATE 203490