

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

11/7/09

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: 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. _____

<u>7/23/08</u>	<u>8/20/08</u>	<u>not complete</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 017-20899-00-00
County: Chase
NW - SW - NE - NW Sec. 35 Twp. 18 S. R. 6 East West

918 feet from S N (circle one) Line of Section
1638 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 #: 2-35

Field Name: Lips

Producing Formation: Ireland

Elevation: Ground: 1385 Kelly Bushing: _____

Total Depth: 945 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 200' 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

AH1-Dlg-12/2/08

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: 11/7/08

Subscribed and sworn to before me this 7th day of Nov.

2008
Notary Public: [Signature]

Date Commission Expires: 3-1-2012

CAROL MAKOVEC
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-1-2012

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 10 2008

CONSERVATION DIVISION
WICHITA, KS