

11-207

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

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: NCRA
Operator Contact Person: Beau J. Cloutier
Phone: (620) 382-2932
Contractor: Name: Kan-Drill Inc.
License: 32548
Wellsite Geologist: George E. Petersen

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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>08/17/06</u>	<u>08/31/06</u>	<u>09/13/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 017-20887-0000
County: Chase
SW NW SW Sec. 17 Twp. 19 S. R. 6 East West
1800 feet from (S) N (circle one) Line of Section
450 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: OBORNY Well #: 2
Field Name: Koegeboehn
Producing Formation: Viola
Elevation: Ground: 1425 Kelly Bushing: _____
Total Depth: 2154 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
(Data must be collected from the Reserve Pit) *ALT I WH 1-28-08*
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: President Date: 11/21/06

Subscribed and sworn to before me this 21 day of November

2006

Notary Public: Carol Makovec

Date Commission Expires: 3/1/08

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

KCC Office Use ONLY

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

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✓

Operator Name: Shawmar Oil & Gas Company, Inc. Lease Name: OBORNY Well #: 2
 Sec. 17 Twp. 19 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
L.Admire Sd	634	+781
Ireland Sd	1390	+35
Lansing GP.	1548	-123
KC	1741	-316
Viola	2088	+663

Dual Induction Log; Dual Compensated Porosity Log; Sonic Cement Bond 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#	202	Class A	160	2% gel;3% CACLz;flocle
Longstring	6 3/4	4 1/2	9.5#	2144	Thick Set;60/40 poz/mis	350	4% gel;Kol-seal;flocle

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
4	2090-2098	15% HCL Acid w/Inhibitor	2090-2098

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	2085	N/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
9/22/06		<input type="checkbox"/> Flowing <input checked="" 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
	0.5	None			30

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify)

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

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NOV 21 2008

TICKET NUMBER 10658

LOCATION EUREKA

FOREMAN KEVIN McCoy

TREATMENT REPORT & FIELD TICKET
CONFIDENTIAL
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9-1-06	1665	Koegebohn # 2	17	19S	6E	Chase	
CUSTOMER Shawnee Oil & Gas Company, Inc. Mailing Address A.O. Box 9 City Marion			Kam-Drill	TRUCK #	DRIVER	TRUCK #	DRIVER
STATE Ks				445	Justin		
ZIP CODE 66861				439	CALIN		
				442	JEFF		

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 2154 CASING SIZE & WEIGHT 4 1/2 9.5# NBW
 CASING DEPTH 2144' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0-13.4 SLURRY VOL 97 Bbl WATER gal/sk 7.0-8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 34.7 Bbl DISPLACEMENT PSI 1000 PSI 1500 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 10 bbl fresh water. mixed 150 sks 60/40 Pozmix Cement w/ 4% Gel, 1/4" * per/sk @ 13" * pay 9AL yield 1.40. Tail in w/ 200 sks Thick Set Cement w/ 4" Kol-Seal per/sk, 1/4" * Flocele per/sk @ 13.4" * per/gal, yield 1.68. wash out Pump & Lines. shut down Release Plug. Displace w/ 34.7 Bbl fresh water. Final Pumping Pressure 1000 psi. Bump Plug to 1500 psi, wait 2 minutes. Release Pressure. float held. Good Cement Returns to Surface = 20 bbl slurry. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	50	MILEAGE	3.15	157.50
1131	150 sks	60/40 Pozmix Cement	9.35	1402.50
1118A	500 *	Gel 4%	.14 *	70.00
1107	37 *	Flocele 1/4" * per/sk	1.80 *	66.60
1126 A	200 sks	THICK Set Cement	14.65	2930.00
1110 A	800 *	Kol-Seal 4" * per/sk	.36 *	288.00
1107	50 *	Flocele 1/4" * per/sk	1.80 *	90.00
5407 A	17.45 TONS	50 miles BULK TRUCK	1.05	916.12
4404	1	4 1/2 Top Rubber Plug	40.00	40.00
4161	1	4 1/2 AFU Float Shoe	248.00	248.00
4103	2	4 1/2 Cement Baskets	190.00	380.00
4129	4	4 1/2 Centralizers	36.00	144.00
			Sub Total	7532.72
		THANK YOU	SALES TAX 6.3%	356.52
		208/162	ESTIMATED TOTAL	1889.24

AUTHORIZATION witnessed By Benny

TITLE _____

DATE _____

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

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NOV 21 2006

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TREATMENT REPORT & FIELD TICKET
 CEMENT

TICKET NUMBER 10466
 LOCATION Eureka
 FOREMAN Russell McCoy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-06	7665	ORborney #2				Chase
CUSTOMER Shawmar Oil Co.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 9			446 Cain			
CITY STATE ZIP CODE MARION KS			441 Jim			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 216' CASING SIZE & WEIGHT 8 5/8 24 #
 CASING DEPTH 202 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15
 DISPLACEMENT 11 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Rig up to 8 5/8 casing pump 20 Bbl water. Mix
160 SK's Regular cement w/ 3% CC 2% Gel 1/2 Floccul. Displace w/ 11.5
86l water. Good cement Returns to surface. Close casing in
Tub complete, Trac Down.

THANK
 YOU
 Russell
 McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	620.00	620.00
5406	600	MILEAGE	3.15	189.00
1104 S	160 SK's	CLASS A cement	11.25	1800.00
1118 A	300 #	Gel 2%	.14	42.00
1102	450 #	CaCl2 = 3%	.64	288.00
1107	80 #	Floccul 1/2 # per/sk	1.80	144.00
5407	7.5 Ton	Ton Mileage Bulk Trac	m/c	275.00
4106	1	8 5/8 cement Basket	265.00	265.00
			Sub Total	3,623.00
			SALES TAX 16.3%	159.96
			ESTIMATED TOTAL	3,782.96

AUTHORIZATION called by Kaw-Drill TITLE Drly contractor DATE 8 RECEIVED

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