

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

4/20/08

Form ACO-1
September 1999
Form Must Be Typed

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: 5912
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. _____

12/29/06 03/06/07 03/07/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 017-20893-0000
County: Chase
_____NW/4_____SW/4_____SE/4 Sec. 28 Twp. 18 S. R. 6 East West
850 feet from S / N (circle one) Line of Section
3050 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 #: 3-28
Field Name: Lipps

Producing Formation: _____
Elevation: Ground: 1463 Kelly Bushing: _____
Total Depth: 1610 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.

Drilling Fluid Management Plan PA AIT IINH 6-11-08
(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.: _____

KCC
APR 20 2007
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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: 04/20/07
Subscribed and sworn to before me this 20 day of April,
2007.
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
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
APR 23 2007

KCC WICHITA

Operator Name: Shawmar Oil & Gas Company, Inc Lease Name: LIPS Well #: 3-28
 Sec. 28 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:

Dual Induction; Dual Compensated Porosity Log

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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CASING RECORD <input 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		200'	Class A	120	3% Caciz, 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

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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
none				
Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
none				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	0	0	0	

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 _____

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

TICKET NUMBER 16689
 LOCATION Eureka
 FOREMAN Tray Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-3-07	7665	Lips 3-28				Chase
CUSTOMER			TRUCK #			
Shawnee Oil + Gas Co. Inc.			446	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			442	Cliff	KCC	
P.O. Box 9				Calin	APR 20 2007	
CITY	STATE	ZIP CODE	CONFIDENTIAL			
Marton	Ks	66861				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 205' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 145# SLURRY VOL _____ WATER gal/sk 6.5" CEMENT LEFT in CASING 20'
 DISPLACEMENT 11.5861 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break Circulation w/ Fresh water.
Mixed 120skts Class A Cement w/ 32 Cals, 22 Gal, + 1/4" Flocc @ 14.8"
Per gal. Displace w/ 11.5861 Water. Shut Down. Shut casing in w/ 200skts. Good
Cement to surface = 5861 slugs to pit. Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	650.00	650.00
5406	60	MILEAGE	3.30	198.00
RECEIVED				
11045	120skts	Class "A" Cement	12.20	1464.00
1102	340#	Cals 32	.67#	227.80
1118A	225#	Gal 22	.15#	33.75
1107	30#	Floccle 1/4" per sk	1.90#	57.00
5407A	5.6 Ton	Ton - Mileage Bulk Truck	1.10	369.60
<u>Thank You!</u>				
			Sub Total	3000.15
			SALES TAX	112.30
			ESTIMATED TOTAL	3112.45

AUTHORIZATION called by Benny TITLE Co-Rep. DATE _____

211334

6.390

CONSOLIDATED OIL WELL SERVICES, LLC

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 16967

LOCATION Eureka

FOREMAN Steve Reed

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-7-07	7665	Lips 3-28				Chase
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Shawnee Oil & Gas Co. Inc						
MAILING ADDRESS			502 Shennan			
P.O. Box 9						
CITY		STATE	ZIP CODE	APR 20 2007		
Marion		KS	66861			

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT KCC
 CASING DEPTH _____ DRILL PIPE 2 3/8 250' TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

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REMARKS: Safety Meeting Plug Well As Follow

25 sks plug 250'
25 sks Plug 60' To surface
60 sks Total 60/40 Pozmix 4% Gel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	840.00	840.00
5406	60	MILEAGE	3.30	198.00
1131	60 sks	60/40 Pozmix Cement	9.80	588.00
118A	200#	Gel 4%	.15	30.00
5407A	2.15 Tons	Ton Mileage bulk TRUCK	110	246.50
RECEIVED				
APR 23 2007				
KCC WICHITA				
			Sub Total	1200.00
			SALES TAX	78.93
			ESTIMATED TOTAL	1938.99

AUTHORIZATION Called by Benny TITLE Co Rep DATE 3-7-07

012042

6.390

SHAWMAR OIL & GAS COMPANY, INC.

4/20/08

April 20, 2007

KANSAS CORPORATION COMMISSION
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202-3802

KCC
APR 20 2007
CONFIDENTIAL

RE: LIPS 3-28, API 15-017-20893
SE/4 Section 28-18-6E
Chase County, KS

RECEIVED
APR 23 2007

KCC WICHITA

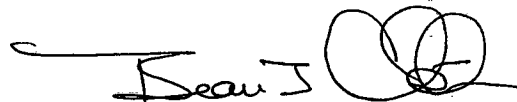
Dear Sir:

The purpose of this letter is to request confidentiality as per side two of the ACO-1 filed with this letter for the above mentioned well for the allowed 12-month period.

Enclosed is the original and two copies of the ACO-1 and the copies of the cementing tickets and logs. Also included is the Well Plugging Record.

If you have any questions, please advise.

Sincerely,



Beau J. Cloutier
President

BJC/cm
Encl.