

Date Commission Expires: 3///2012

Kansas Corporation Commission

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM



September 1999 Form Must Be Typed

API No. 15 - 017-20901-00-00 Operator: License # Name: Shawmar Oil & Gas Company, Inc Chase County PO Box 9 SE Sec. 27 Twp. 18 S. R. 6 East West Address: City/State/Zip: Marion, KS 66861 _ feet from S/ N (circle one) Line of Section 707 __ feet from P / W (circle one) Line of Section Purchaser: N/a Beau J. Cloutier Operator Contact Person: Footages Calculated from Nearest Outside Section Corner: Phone: (_620__) 382-2932 SE NW (circle one) Lease Name: LIPS Contractor: Name: Shawmar Oil & Gas Company, Inc Field Name: Lipps D License: 5192 Producing Formation: none Wellsite Geologist: none Elevation: Ground: 1473 Designate Type of Completion: _ Kelly Bushing:_ Total Depth: 1359 ✓ New Well Re-Entry ___ __ Plug Back Total Depth:_ Amount of Surface Pipe Set and Cemented at 201' ___ SWD _____ SIOW __Temp. Abd. ____ Gas ____ ENHR ____ SIGW Multiple Stage Cementing Collar Used? ☐Yes ✓ No ____ Other (Core, WSW, Exp, Cathogic etc) If yes, show depth set ___ If Workover/Re-entry: Old Well Info as follows: 11 3 0 2006 If Alternate II completion, cement circulated from____ Well Name: __ Drilling Fluid Management Plan Original Comp. Date: _____ Original Total Depth: (Data must be collected from the Reserve Pit) __ Deepening Re-perf. _Conv. to Enhr./SWD ___ppm Fluid volume___ Chloride content ____Plug Back Total Depth __ Plug Back_ 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., ____License No.:____ 6/17/08 6/25/08 6/26/08 Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date _____ 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. KCC Office Use ONLY Signature: Letter of Confidentiality Received Subscribed and sworn to before me this If Denied, Yes Date:_ Wireline Log Received

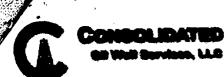
JUL 3 1 2008

RECEIVED KANSAS CORPORATION COMMISSION

Geologist Report Received

UIC Distribution

erator Name: Shawmar Oil & Gas Company, Inc		Lease Na	_ Lease Name: LIPS			Well #: 4-27B				
ec. 27 Twp. 18			West	County: _C						
ISTRUCTIONS: Sho isted, time tool open a imperature, fluid reco lectric Wireline Logs:	ow important tops at and closed, flowing very, and flow rates	and base of fo g and shut-in s if gas to su	ormations pe pressures, v urface test, ale	whether shut- long with final	-in pressure	e reached st	tatic level, hydro	ostatic pressure	res, bottom h	hole
rill Stem Tests Taken (Attach Additional St		Yes	√ No		Log	Formation	on (Top), Depth a			mple
amples Sent to Geological Survey] Yes ☑ No			Тор			Dav	tum	
Cores Taken Electric Log Run (Submit Copy)	•	☐ Yes ✓ Yes		IFIDENT	<u>ial</u>					
ist All E. Logs Run:				JL 3 0 20	108					
Dual Induction Neutron Log	; Compensa	ated Den	sity Side	wall	> 7					
			CASING I			Used	an etc			
Purpose of String	Size Hole Drilled	Size	all strings set-co Casing In O.D.)	onductor, surfa Weight Lbs. / Ft	it S	Setting Depth	Type of Cement	# Sacks Used		d Percent litives
Surface	11"	8 5/8	,	200.71	201'		Class A	100'		el;phenoseat
			ADDITIONAL	CEMENTING	3 / SQUEEZI	E RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement		#Sacks Us	sed	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone										
								-10		
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					Acid, Frac	cture, Shot, Cemer mount and Kind of M	ent Squeeze Reco Material Used)	ord	Depth
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TUBING RECORD nor Date of First, Resumerc dry Estimated Production Per 24 Hours		Bbls.	Producing Met Gas	_	Flowing Water		ing Gas L Bbls.	Lift Oth	her (Explain)	Gravity



AUTHORIZTION Colledby Benny



18605 TICKET NUMBER_ LOCATION EUC FOREMAN STEVE NAME

	800-467-8676		L NAME & NUMBER	EMENT	N I T	OWNSHIP	RANGE	COUNT
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CODE	/		DESCR					TOTAL
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TITLE Co. Rep



CUSTOMER#

TICKET NUMBER	187 10				
LOCATION Eurel	ξ Δ				
FOREMAN STELLE	march				

RANGE

COUNTY

TOWNSHIP

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

DATE

FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

WELL NAME & NUMBER

6-26-08	7665 1	12005 2	-27B					Chase
ISTOMER		-			TRUCK#	DRIVER	TRUCK#	DRIVER
ULING ADDRES	iar Oil + C	ran co	106	-	485		11.000	DICIVER
D . n					479	John	1	
P.o.Bes	X Y IST	ATE	ZIP CODE		777	-741/V		
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URRY WEIGHT					sk	CEMENT LEFT I	n CASING	
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							KANSAS CORPORAT	IDN COMMISS
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							CONSERVATION	DIVISION
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			<u> </u>				Sub Total	2495
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win 9737				29301	<u>e</u> 8	_	ESTIMATED TOTAL	2562