

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

7/30/09

Operator: License # 5192
Name: Shawmar Oil & Gas Company, Inc
Address: PO Box 9
City/State/Zip: Marion, KS 66861
Purchaser: none
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:
[X] New Well [] Re-Entry [] Workover
[] Oil [] SWD [] SLOW [] Temp. Abd.
[] Gas [] ENHR [] SIGW
[X] 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.

7/10/08 7/15/08 7/16/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 017-20900-00-00
County: Chase
NE NE NW Sec. 35 Twp. 18 S. R. 6 [X] East [] West
330 feet from S (N) (circle one) Line of Section
2970 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 #: 3-35
Field Name: Lips

Producing Formation: none
Elevation: Ground: 1405 Kelly Bushing:
Total Depth: 968 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 200' Feet
Multiple Stage Cementing Collar Used? [] Yes [X] 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 NH 10-2708
(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: 7-30-08
Subscribed and sworn to before me this 30th day of July 2008
Notary Public: Carol Makovec
Date Commission Expires: 3/1/2012

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

KCC Office Use ONLY
[X] Letter of Confidentiality Received
[] If Denied, Yes [] Date:
[] Wireline Log Received
[] Geologist Report Received
[] UIC Distribution

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CONSERVATION DIVISION
WICHITA, KS

Operator Name: Shawmar Oil & Gas Company, Inc Lease Name: LIPS Well #: 3-35
 Sec. 35 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

Dual Induction; Compensated Density Sidewall Neutron

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*See CR 23
all in
log.
see
8/13/08*

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 "	8 5/8		200' / 201'	Class A portland	102	2% gel; 2% calcium chloride; floccate

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 <i>(Amount and Kind of Material Used)</i>	Depth
	none	none	

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TUBING RECORD	Size	Set At	Packer At	Liner Run
none				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr. no production	Producing Method
	<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			

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 _____

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

TICKET NUMBER 16189
 LOCATION Ottawa KS
 FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/11/08	7665	Lips #3-35	35	18	6	Chase

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Shawmar Oil & Gas Co. Inc. Mailing Address 1116 E Main Box 9 City: Marion, State: KS, ZIP CODE: 66661	506	Fred		
	495	Brett		
	510	Brian		

JOB TYPE Surface HOLE SIZE 12" HOLE DEPTH 206' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 12.5 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation thru 8 5/8" Casing. Mix Pump
102 SKS Class A Cement w/ 2% Gel 20% Calcium
Chloride + 1/4" Flo Seal per sack. Cement to Surface
Displace Casing clean w/ 10 BBL Fresh Water. Rig
Displaced 2 BBLs to clean Kelly - Shut in Casing

Company Tools _____
 Rig Supplied Water. _____
 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface Cement	495	725.00
5406	90 mi	MILEAGE Pump Truck	495	322.50
5407A	4.794 Ton	Ton Mileage	510	517.75
1107	25#	flo-seal		52.50
1104S	99 SKS	Class A Portland Cement		1336.00
1118B	192#	Premium Gel		326.40
1102	192#	Calcium chloride		144.00
		Sub Total		3136.65
		Tax @ 6.3%		98.04

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 WICHITA, KS

AUTHORIZATION Ron [Signature] TITLE 223646 DATE _____
 SALES TAX ESTIMATED TOTAL 3235.69



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 18825
LOCATION Eureka
FOREMAN Troy Strickler

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-16-08	7665	Lipps # 405 3-35				Cho
CUSTOMER Shepherd Oil + Gas Co. Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 9			520 Cliff			
CITY STATE ZIP CODE Marion Ks 66861			502 Phil			

JOB TYPE R.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: Plugging Orders

85cfs 250' to surface

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KCC

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	925.00	925.00
5406	50	MILEAGE	3.65	182.50
1131	90cfs	60/40 Poz-Mix	11.35	1021.50
118A	300#	Gel- 4%	.17	51.00
5407		Ton-mileage	m/c	315.00
			RECEIVED KANSAS CORPORATION COMMISSION	
			JUL 31 2008	
			CONSERVATION DIVISION WICHITA KS	
			Sub Total	2495.00
			SALES TAX	67.56
			ESTIMATED TOTAL	2562.56

Thank You!

Ravin 3737

2037185

AUTHORIZATION Called by Benny TITLE Co-Op DATE _____