

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

10/29/10

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5192
 Name: Shawmar Oil & Gas Company, Inc
 Address 1: PO Box 9
 Address 2: _____
 City: Marion State: KS Zip: 66861 + _____
 Contact Person: Beau J. Cloutier
 Phone: (620) 382-2932
 CONTRACTOR: License # 5192
 Name: Shawmar Oil & Gas Company, Inc
 Wellsite Geologist: none
 Purchaser: none
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW **OCT 29 2009**
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other **KCC**
 (Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 017-20906-00-00
 Spot Description: _____
 NW NE NW SE Sec. 27 Twp. 18 S. R. 6 East West
2353 Feet from North / South Line of Section
1871 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chase
 Lease Name: LIPS Well #: 7-27
 Field Name: Lipps D
 Producing Formation: Admire
 Elevation: Ground: 1436 Kelly Bushing: _____
 Total Depth: 656 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.

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See my 10/29/09

If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
 _____ Plug Back: _____ Plug Back Total Depth
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____
 7/16/09 9/1/09 9/2/09
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

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: 10/29/09

Subscribed and sworn to before me this 29th day of Oct.

20 09
 Notary Public: Carol Makovec

Date Commission Expires: 3/1/2012

CAROL MAKOVEC
NOTARY PUBLIC
STATE OF KANSAS
 My appt. expires: 3/1/2012

KCC Office Use ONLY

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

RECEIVED
OCT 30 2009

KCC WICHITA