

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

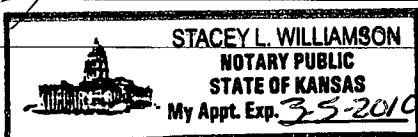
OPERATOR: License # 33778
 Name: SHORELINE ENERGY PARTNERS, LLC
 Address 1: 453 S. WEBB ROAD #100
 Address 2: _____
 City: WICHITA State: KS Zip: 67207 + _____
 Contact Person: HI LEWIS
 Phone: (316) 214-1738
 CONTRACTOR: License # 33346 34082
 Name: ALLIANCE WELL SERVICE
 Wellsite Geologist: NONE
 Purchaser: COFFEYVILLE
 Designate Type of Completion:
 _____ New Well Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 _____ Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA, INC
 Well Name: NOEL #4
 Original Comp. Date: 9/15/1948 Original Total Depth: 3614
 _____ 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.: _____
07-07-2008 07-16-2008 10-01-2008
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 147-19114-00-02
 Spot Description: _____
ne sw se - _____ Sec. 29 Twp. 5 S. R. 20 East West
990 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: PHILLIPS
 Lease Name: NOEL Well #: 4
 Field Name: RAY
 Producing Formation: REAGAN SAND
 Elevation: Ground: 2204 Kelly Bushing: 2206
 Total Depth: 3615 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 198 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 OWNO- AII II NR
 (Data must be collected from the Reserve Pit) 10-19-09
 Chloride content: 80000 ppm Fluid volume: 200 bbls
 Dewatering method used: N/A-CASED HOLE WASH DOWN
 Location of fluid disposal if hauled offsite: _____
 Operator Name: DARRAH OIL
 Lease Name: RAY B License No.: 5088
 Quarter NW Sec. 32 Twp. 5 S. R. 20 East West
 County: PHILLIPS Docket No.: D-17,290

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: 09-17-2009
 Subscribed and sworn to before me this 18th day of September
2009
 Notary Public: [Signature]
 Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 18 2009
CONSERVATION DIVISION
WICHITA, KS

Operator Name: SHORELINE ENERGY PARTNERS, LLC Lease Name: NOEL Well #: 4
 Sec. 29 Twp. 5 S. R. 20 East West County: PHILLIPS

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GAMMA RAY NEUTRON CCL LOG DUEL RECEIVER CEMENT BOND LOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> 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
n/a-cased hole washdown	n/a	8 5/8" (original in 1948)	n/a	198'	n/a	n/a	n/a
n/a-cased hole washdown	n/a	5 1/2" (original in 1948)	n/a	3610'	n/a	n/a	n/a

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
4	3596-3606	RECEIVED KANSAS CORPORATION COMMISSION AUG 18 2009 CONSERVATION DIVISION WICHITA, KS	
4	3607.5-3611.5		

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>3492</u> Packer At: <u>n/a</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>10-01-2008</u>		Producing Method: <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. <u>14</u>	Gas Mcf <u>1440</u>	Water Bbls. <u>n/a</u> Gas-Oil Ratio <u>30</u> Gravity <u>30</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3596-3606, 3607.5-3615</u>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202