

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 RD #100
Address 2: _____
City: WICHITA State: KS Zip: 67207 + _____
Contact Person: HI LEWIS
Phone: (316) 214-1738
CONTRACTOR: License # 33755
Name: QUALITY PLUS
Wellsite Geologist: NONE
Purchaser: COFFEYVILLE RESOURCES

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 01 2010

CONSERVATION DIVISION
WICHITA, KS

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: STATES A-3
Original Comp. Date: 09/27/1942 Original Total Depth: 3652
____ 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.: _____
10/19/2009 10/27/2009 11/6/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 147-00597-00-01
Spot Description: _____
SW NE SE Sec. 30 Twp. 5 S. R. 20 East West
1650 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: PHILLIPS
Lease Name: STATES A Well #: 3
Field Name: RAY
Producing Formation: REAGAN
Elevation: Ground: 2235 Kelly Bushing: 2235
Total Depth: 3652 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 150 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/ _____
40-Dlg - 2/9/10 ^{5x cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
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: 1/28/2010
Subscribed and sworn to before me this 28th day of January,
2010.
Notary Public: [Signature]
Date Commission Expires: _____

STACEY L. WILLIAMSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-5-2010

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

Operator Name: SHORELINE ENERGY PARTNERS, LLC Lease Name: STATES A Well #: 3
 Sec. 30 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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION FEB 01 2010 </div>
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**CONSERVATION DIVISION
WICHITA, KS**

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	10 3/4"	n/a	150	n/a	n/a	n/a
n/a-cased hole washdown	n/a	7 "	n/a	3644	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 (Amount and Kind of Material Used)	Depth
8	3644-3649	200 gal 15% MCA	perfs
gas gun	3644.5-3650.5	150 gal 10% NE/FE	perfs

TUBING RECORD: Size: <u>2 7/8"</u>		Set At: <u>0501 3636</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>12/21/2009</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>7</u>	Gas Mcf <u>0</u>	Water Bbls. <u>320</u>	Gas-Oil Ratio <u>n/a</u> Gravity <u>30</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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>3644-3652</u>
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