

CONFIDENTIAL

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
October 2008
Form Must Be Typed

12/10/09

**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: 66858 + _____
Contact Person: Beau J. Cloutier
Phone: (620) 382-2932

CONTRACTOR: License # 32548
Name: Kan-Drill, Inc.
Wellsite Geologist: George E. Petersen
Purchaser: NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 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: _____

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.: _____
9/23/08 9/30/08 10/27/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 115-21395-00-00
Spot Description: SW/4 NW/4 NE/4
_____ SW/4 _____ NW/4 _____ NE/4 Sec. 9 Twp. 22 S. R. 4 East West
1240 Feet from North / South Line of Section
2300 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Marion
Lease Name: DeFOREST B Well #: 8

Field Name: Peabody
Producing Formation: Hunton

Elevation: Ground: 1414 Kelly Bushing: _____
Total Depth: 2514 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 201 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/ _____
API-1-Dlg - 2/5/09 ^{5x cmt}

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: 12/9/08

Subscribed and sworn to before me this 9th day of December

2008.
Notary Public: Carol Makovec

Date Commission Expires: 3/1/12
**CAROL MAKOVEC
NOTARY PUBLIC**

**STATE OF KANSAS
My Appt. Exp. 3/1/12**

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

KANSAS CORPORATION COMMISSION

DEC 15 2008

RECEIVED

Operator Name: Shawmar Oil & Gas Company, Inc Lease Name: DeFOREST B Well #: 8
 Sec. 9 Twp. 22 S. R. 4 East West County: Marion

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 checked="" 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	Oread	1523	-110
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	1815	-402
List All E. Logs Run:		Cherokee	2308	-895
Sonic Cement Bond; Compensated Density		Mississippi Chat	2324	-911
Sidewall Neutron Log; Dual Induction LL3/GR Log		Hunton	2476	-1061
		Viola	2508	-1095
		RTD	2514	

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 1/4	8 5/8	23#	201'	Class A	175	caclz 3%;gel;flocele
Longstring	7 7/8	5 1/2		2508'	Thickset	165	kolseal ; flocele

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
2	2474-2478	15% HCL w/inhibitor	2474-2478

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>2388.4</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>11/14/08</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>8</u>	Gas Mcf <u>0</u>	Water Bbls. <u>845</u>	Gas-Oil Ratio <u>35</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input 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>2474-2478</u>
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SHAWMAR OIL & GAS COMPANY, INC.

December 10, 2008

KCC
DEC 10 2008
CONFIDENTIAL

KANSAS CORPORATION COMMISSION
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202-3802

RE: ACO-1, DeForest B #8
API: 15-115-21395-00-00
Marion County, Kansas

Dear Sir:

The purpose of this letter is to request confidentiality as per side two of the enclosed ACO-1 filed with this letter for the allowed 12-month period on the above-mentioned well.

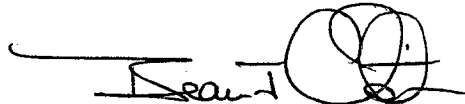
Enclosed are the original and two copies of the ACO-1 as well as copies of the cementing tickets for the above mentioned well.

A change was made on the spot location footages when drilling this well. I am also at this time submitting the corrected intent to drill.

All well logs are also submitted with this ACO-1.

If you have any questions, please advise.

Sincerely,



Beau J. Cloutier
President

BJC/cm
Encl.

KANSAS CORPORATION COMMISSION
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Corrected Intent info came in on 12/16/08 & updated RBOAMS on 12/17/08. JCC 12/17/08



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 19500

LOCATION Eureka

FOREMAN Troy Strickler

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-08	7665	DeForest B #8				
CUSTOMER Shawnee Oil + Gas Co. Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1116 E. Main P.O. Box 9			520	Cliff	KCC	
CITY Marion		STATE Ks	489	Calin	DEC 1 2008	
ZIP CODE					CONFIDENTIAL	

JOB TYPE 4s HOLE SIZE 7 7/8" HOLE DEPTH 254' GL CASING SIZE & WEIGHT 140' wtd, 1100 No.
 CASING DEPTH 2508' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL _____ WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 66bbl DISPLACEMENT PSI 600 MIX PSI 1100 bwp/B RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2" casing. Break Circulation w/ 50bbl water.
Mixed 16Scks T.S. Cement w/ 8" Kol-Seal, 1/2" Floccle 1sk @ 13.4" gal
yield 1.73. Wash out Pump + liner. Release Plug. Displace w/ 66bbl water.
Final Pumping Pressure 600 PSI. Pump Plug to 1100 PSI. Wait 2mins
Release Pressure. Float Held. Good Circulation up to 580bbl in displacement.
Regained Circulation @ 60bbl in Displacement (1/2 Return)
Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	925.00	925.00	
5406	30	MILEAGE	3.65	109.50	
1126A	16Scks	Thickset Cement	17.00	272.00	
1110A	1300"	Kol-Seal 8" sk	.43	546.00	
1107	50"	Floccle 1/2" sk	210	105.00	
5407	9.0 Ton	Ton-Mileage	1.20	324.00	
4406	1	5 1/2" Top Rubber Plug	61.00	61.00	
4130	5	5 1/2" Centralizers	46.00	230.00	
4104	2	5 1/2" Cement Baskets	219.00	438.00	
4159	1	5 1/2" AFU Float shoe	328.00	328.00	
KANSAS CORPORATION COMMISSION					
DEC 15 2008					
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				3.6 Total	5871.50
				SALES TAX	211.32
				ESTIMATED	
				TOTAL	6155.82

006340

AUTHORIZATION Witnessed by Bonnie Key

TITLE Co-Rep

DATE _____

Revin 3737