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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 SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)

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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.: _____

<u>9/9/2008</u>	<u>9/18/2008</u>	<u>10/21/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 115-21394-00-00
 Spot Description: NE/4 SW/4 NE/4
 _____ NE/4 _____ SW/4 _____ NE/4 Sec. 9 Twp. 22 S. R. 4 East West
1850 Feet from North / South Line of Section
1930 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 #: 7
 Field Name: Peabody
 Producing Formation: Hunton
 Elevation: Ground: 1415 Kelly Bushing: _____
 Total Depth: 2528 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 207 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/ _____

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. _____ East West
 County: _____ Docket No.: _____

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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: Beau J. Cloutier
 Title: President Date: 12/10/2008
 Subscribed and sworn to before me this 10 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

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

Operator Name: Shawmar Oil & Gas Company, Inc Lease Name: DeFOREST B Well #: 7
 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 <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: Sonic Cement Bond; Compensated Density Sidewall Neutron Log; Dual Induction LL3/GR Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Oread</td> <td>1536</td> <td>-121</td> </tr> <tr> <td>Lansing</td> <td>1820</td> <td>-405</td> </tr> <tr> <td>Cherokee</td> <td>2310</td> <td>-895</td> </tr> <tr> <td>Mississippi Chat</td> <td>2314</td> <td>-899</td> </tr> <tr> <td>Hunton</td> <td>2492</td> <td>-1077</td> </tr> <tr> <td>Viola</td> <td>2510</td> <td>-1095</td> </tr> <tr> <td>Arbuckle</td> <td>2526</td> <td></td> </tr> </table>	Name	Top	Datum	Oread	1536	-121	Lansing	1820	-405	Cherokee	2310	-895	Mississippi Chat	2314	-899	Hunton	2492	-1077	Viola	2510	-1095	Arbuckle	2526	
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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		207'	Class A	120	caclz 3%;gel;flocele
Longstring	7 7/8	5 1/2		2519'	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>
2	2479-2483	RECEIVED DEC 15 2008 KCC WICHITA

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>2391.7</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>12/02/08</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>5</u>	Gas Mcf <u>0</u>	Water Bbls. <u>750</u>	Gas-Oil Ratio <u> </u> Gravity <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>2479-2483</u>
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SHAWMAR OIL & GAS COMPANY, INC.

December 10, 2008

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

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RE: ACO-1, DeForest B #7
CAPI: 15-115-21394-00-00
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:

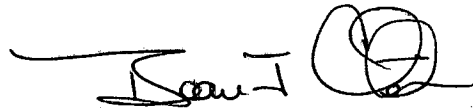
Enclosed are the original and two copies of the ACO-1 as well as copies of the cementing tickets for the above mentioned well.

We have also enclosed the well logs.

If you have any questions, please advise.

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Sincerely,



Beau J. Cloutier
President

BJC/cm
Encl.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 19369

LOCATION EUREKA

FOREMAN KEVIN MCCOY

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
9-10-08		Deforest B * 7	9	225	4E	MARION
CUSTOMER Shawmar Oil & Gas Co., Inc.			KAW-DRILL			
MAILING ADDRESS 1116 E. MAIN P.O. Box 9			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY MARION			445	KEVIN		
STATE KS			441	DAVE		
ZIP CODE 66861						

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 212' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 207' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 29 BBL WATER gal/sk 6.5 CEMENT LEFT In CASING 20'
 DISPLACEMENT 11.0 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break Circulation w/ 10 BBL fresh water.
Mixed 120 sks Class "A" Cement w/ 3% CACL, 2% Gel, 1/4" Floccle @ 15"/gal, yield
1.35. Displace w/ 11.0 BBL Fresh water. Shut casing in. Good Cement Returns to Surface
= 5 BBL Slurry to Pit. Job Complete. Rig down.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
1104 S	120 sks	CLASS "A" Cement	13.50	1620.00
1102	340 *	CACL 3%	.75 *	255.00
1118 A	225 *	Gel 2%	.17 *	38.25
1107	30 *	Floccle 1/4" /sk	2.10	63.00
5407	5.64 TONS	Ton Mileage Bulk Truck	M/c	315.00
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			Sub Total	3125.75
			SALES TAX 6.3%	124.51
			ESTIMATED TOTAL	3250.26

THANK YOU

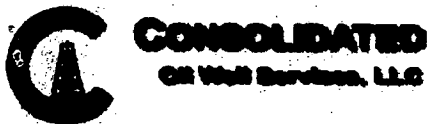
223620

AUTHORIZATION witnessed By Benny

TITLE Shawmar Co. Rep.

DATE _____

Revin 3737



ENTERED

TICKET NUMBER 18945

LOCATION Eureka

FOREMAN Russell McLoey

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
9-19-08	7165	DeForest B # 7	9	22 S	4 E	Marion
CUSTOMER Shawmar Oil + Gas Co. Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1116 E. Main P.O. Box 9			463	Shannon		
CITY STATE ZIP CODE Marion KS 66			479	Jim		

JOB TYPE longstring HOLE SIZE 7 7/8 HOLE DEPTH 2528 CASING SIZE & WEIGHT 1200 w/cp/1300 w/c
 CASING DEPTH 2519 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4 SLURRY VOL _____ WATER gal/sk 8.0 CEMENT LEFT IN CASING 0
 DISPLACEMENT 6 1/2 DISPLACEMENT PSI 500 MIX PSI _____ RATE _____

REMARKS: Safety meeting, Rig up to 5 1/2 casing, Break circulation w/ 5 sk fresh water. Mix 165 sks T.S. cement w/ B # Kalsol 1/3 # Floate Per/sk At 13.4 # yield 1.73, wash out pump + lines, Release 5 1/2 Top Rubber Plug Displace w/ 6 1/2 gal water. Final pump PSI was 500 # Surge Plug to 1000 # Hold PSI at 1000 # 2 min PSI 800 # PSI stayed at 800 # Check float float head (possible Thrued leak. Talk to Bennie + Donnie SAID some New casing joints had 3 or 4 threads showing after casing made up. Tear down cement head casing stayed full of water. Close well IN 0 PSI w/ swedge + Bull Plug Good circulation during cement job. Job complete.

THANKS Russell McLoey

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE KCC	925.00	925.00
5406	30	MILEAGE DEC 1 0 2008	3.65	109.50
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1126 #	165	SKS Thickset cement	17.00	2,805.00
1110 #	1300 #	Kalsol B # Per/sk	.42	546.00
1107	50 #	Floate 1/3 # Per/sk	2.10	105.00
5407A	9.0 TON	TON mileage Bulk Truck	120	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
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KCC WICHITA				5071.50
SALES TAX				814.30
ESTIMATED TOTAL				6155.80

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025851

AUTHORIZATION witness By Bennie Key TITLE CO Rep

DATE 9-19-08