

ORIGINAL

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
October 2008
Form Must Be Typed

10/15/09

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
- 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.: _____

6/30/09 7/8/09 7/16/09

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 017-20905-00-00

Spot Description: _____

NW SW NE SE Sec. 27 Twp. 18 S. R. 6 East West

1889 Feet from North / South Line of Section

1014 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Chase

Lease Name: LIPS Well #: 6-27

Field Name: Lipps D

Producing Formation: Admire

Elevation: Ground: 1425 Kelly Bushing: _____

Total Depth: 661 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/ _____
PA-DLG-10/22/09 ^{sx cm.}

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: Beau J. Cloutier

Title: President Date: 10/15/09

Subscribed and sworn to before me this 15 day of Oct

2009.

Notary Public: Judy Houdysell

Date Commission Expires: 2-6-10

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

JUDY HOUDYSHELL
Notary Public, State of Kansas
My Appt. Expires 2-6-10

OCT 19 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Shawmar Oil & Gas Company, Inc Lease Name: LIPS Well #: 6-27
 Sec. 27 Twp. 18 S. R. 6 East West County: Chase

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: none	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> KCC OCT 15 2009 CONFIDENTIAL </div>
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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		5 1/2		200'	Class A	75	3%caclz;2%gel;phenoseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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

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TUBING RECORD: Size: <u>none</u> Set At: <u>N/a</u> Packer At: <u>N/a</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Enhr. <u>dry</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>0</u>	Water Bbls. <u>0</u> Gas-Oil Ratio Gravity

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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 21344
LOCATION Eureka KS
FOREMAN Ed 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
7-2-09	1665	Lipp's # 6-27				Chase
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Shawmor oil & GAS CO. INC			Alan	485		
MAILING ADDRESS			Jim	479		KCC
P.O. Box - 9						OCT 15 2009
CITY	STATE	ZIP CODE				
Marion	KS	66861				

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 204' CASING SIZE & WEIGHT CONFIDENTIAL
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL. _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'
 DISPLACEMENT 4 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2 casing. Break circulation with fresh water. Pump two bbls dye water. mix 75 sks class A cement w/ 3% calz 2% Gel & 1/4" pheno seal per sk. Displace with 4 1/2 bbls fresh water. Shut well in. Good cement returns to surface. Job complete. Rig down.

Thank you
Ed - Alan - Jim

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	680.00	680.00
54060	50	MILEAGE	3.45	172.50
11045	75 SKS	CLASS A CEMENT	12.70	952.50
1102	210 ^{lb}	Calz 3%	.71	149.10
1118A	140 ^{lb}	Gel 2%	.16	22.40
1107A	19 ^{lb}	Pheno Seal 1/4" per sk	1.08	20.52
5407		Ton mileage Bulk Truck	m/c	296.00
RECEIVED KANSAS CORPORATION COMMISSION				
OCT 19 2009				
CONSERVATION DIVISION WICHITA, KS				
			Subtotal	2293.02
			SALES TAX	12.10
			ESTIMATED TOTAL	2305.12

Flavin 3737

AUTHORIZATION w: T by Ron

030284
TITLE Co Rep

DATE 7-2-09



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 23410

LOCATION EUREKA

FOREMAN Rick Ledford

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
7-16-09	7665	Ligas 6-27				Chase
CUSTOMER		Shawnee Oil & Gas Co. Inc.				
MAILING ADDRESS		P.O. Box 9				
CITY		STATE	ZIP CODE			
Marion		KS	66866			

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Shannon		
575	Chris		

JOB TYPE <u>PZA</u>	HOLE SIZE <u>4 3/4"</u>	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE <u>2 3/4" 251'</u>	TUBING	OTHER
SLURRY WEIGHT <u>14"</u>	SLURRY VOL	WATER gal/sk <u>2.0</u>	CEMENT LEFT in CASING <u>251'</u>
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting. Rig up to 2 3/4" drill pipe. Break circulation w/ 5 gal fresh water. Mixed 35 sacks 100/40 Permian cement w/ 470 gal @ 14" w/len. pull drill pipe out. topped well off. Job complete. Rig down

KCC

OCT 15 2009

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"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5457	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	3.45	172.50
1131	35 sacks	100/40 Permian cement	10.70	374.50
1129	120 "	470 gal	.16	19.20
5407		tax-mileage bulk truck	7.16	296.00

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OCT 19 2009

CONSERVATION DIVISION
WICHITA, KS

Subtotal	1732.20
SALES TAX	24.80
ESTIMATED TOTAL	1757.00

8VIN 9737

230464

AUTHORIZATION called by Beanie

TITLE

DATE