

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5488
Name: TWM PRODUCTION COMPANY
Address 1: 1150 HIGHWAY 39
Address 2: _____
City: CHANUTE State: KS Zip: 66720 + _____
Contact Person: MICHAEL J. WIMSETT OR JENNIFER WIMSETT
Phone: (620) 431-4137
CONTRACTOR: License # 5491
Name: W & W PRODUCTION COMPANY
Wellsite Geologist: _____
Purchaser: _____

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
9-2-10 11-6-10 11-12-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29975-00-00
Spot Description: _____
SW SW SE Sec. 16 Twp. 26 S. R. 18 East West
360 Feet from North / South Line of Section
2,368 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ALLEN
Lease Name: GEFFERT Well #: GEF NW 8
Field Name: HUMBOLDT/CHANUTE
Producing Formation: BARTLESVILLE
Elevation: Ground: EST 936 Kelly Bushing: _____
Total Depth: 800' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 800'
feet depth to: SURFACE w/ 64 sx 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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT
I am the affiant and I hereby certify that 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: Jennifer A. Wimsatt
Title: OFFICE MANAGER Date: 01/17/2011

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DJG Date: 1/21/11

Operator Name: TWM PRODUCTION COMPANY Lease Name: GEFFERT Well #: GEF NW 8
 Sec. 16 Twp. 26 S. R. 18 East West County: ALLEN

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: WELL 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
SURFACE	11"	7"		22'	PORTLAND	10	
CASING		2"		775'	PORTLAND	64	

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

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TUBING RECORD: Size: <u>2"</u> Set At: <u>775'</u> Packer At: <u>775'</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/12/10</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. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

"WARNING" DANGER - MAY CAUSE BURNS TO EYES AND SKIN: CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER. SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY. DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE A NIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN.

This Shipping Order

must be legibly filled in, printed in Indelible Pencil, or in Carbon, and retained by the Agent

SHIPPING ORDER

From THE MONARCH CEMENT COMPANY

AT HUMBOLDT, KANSAS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

10-1-10

SHIPPER'S NO.

009636

WWP500

00911

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

(Mail or street address of consignee — For purposes of notification only.)

CONSIGNEE TO W-W PRODUCTION
1150 W HIGHWAY 39
DESTINATION CHANUTE KANSAS

If charges are to be prepaid, write or stamp here, "To Be Prepaid."

Received \$

to apply in prepayment of the charges on the property described hereon.

ROUTE W+W

[Handwritten Signature]

Agent or Cashier

CAR NO./TRAILER NO.

1

YOUR NO.

16440

Per
(The signature here acknowledges only the amount prepaid.)

Quantity	Description	Class or Rate	Charges Advanced:
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10.42 TONS TYPE I/II CEMENT
9.45 METRIC TONS

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LBS. GROSS 46860 lb I 684 1 07:29 10-01-10

LBS. TARE 26020 lb I 684 1 07:24 10-01-10

Gates Closed:
Last Product Hauled:

CORRECT NET 20840 lb

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is a carrier's or shipper's weight. NOTE-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per

THE MONARCH CEMENT COMPANY

CERTIFIED SHIPPERS WEIGHTS

Permanent post office address of shipper,

HUMBOLDT, KANSAS 66748

Agent

SPECIAL INSTRUCTIONS

47000 ME

330

RUN: 8/27/10

HAWK BUSINESS SPECIALTIES, KANSAS • 800-728-4295

W & W Production Company
1150 Highway 39
Chanute, Kansas 66720
620-431-4137

Driller Log

TWM Production Company

GEF NW 8
API#15001299750000
S16-T26S-R18E
ALLEN CO, KS

0-6' SOIL
6-35' LIME
35-60' SHALE
60-70' LIME
70-110' SHALE
110-242' LIME
242-250' SHALE
250-260' LIME
260-415' SHALE
415-425' LIME
425-434' SHALE
434-454' LIME
454-533' SHALE
533-560' LIME
560-595' SHALE
595-605' LIME
605-615' SHALE
615-625' LIME
625-715' SHALE
715-718' LIME
718-768' SHALE
768-771' OIL SAND
771-780' SHALE
780-785' OIL SAND
785-800' SHALE

800'T.D.

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