

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5192
 Name: Shawmar Oil & Gas Co., Inc.
 Address 1: 1116 E MAIN
 Address 2: PO BOX 9
 City: MARION State: KS Zip: 66861 + 1230
 Contact Person: Beau Cloutier
 Phone: (620) 382-2932
 CONTRACTOR: License # 5192
 Name: Shawmar Oil & Gas Co., Inc.
 Wellsite Geologist: N/A
 Purchaser: _____

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: Roland Jones
 Well Name: Spachek #4
 Original Comp. Date: 01/01/1960 Original Total Depth: 2445
 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 #: _____

10/10/2011 12/21/2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-115-01603-00-01
 Spot Description: _____
NW SW SE Sec. 32 Twp. 18 S. R. 4 East West
990 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Marion
 Lease Name: Britain Well #: 4
 Field Name: _____
 Producing Formation: Mississippi
 Elevation: Ground: 1418 Kelly Bushing: 1422
 Total Depth: 2445 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 180 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/ _____ 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 #: _____

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.

Submitted Electronically

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: Deanna Garrison Date: 05/25/2012



Operator Name: Shawmar Oil & Gas Co., Inc. Lease Name: Britain Well #: 4
 Sec. 32 Twp. 18 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 complete copy of all Electric Wire-line 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 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	Mississippi	2381	-963
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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	9.75	8.625	23	180		0	
Production	7.875	5.5	17	2385		35	
Production	7.875	5.5	17	2130	Class A	125	

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 03/24/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3	5	350		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2385</u> <u>2445</u>
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Summary of Changes

Lease Name and Number: Britain 4

API/Permit #: 15-115-01603-00-01

Doc ID: 1082512

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/15/2012	05/25/2012
Date of First or Resumed Production or SWD or Enhr		03/24/2012
Disposition Of Gas - Used on lease	No	Yes
Producing Method Pumping	No	Yes
Production - Barrels Oil		3
Production - Barrels of Water		350
Production - MCF Gas		5
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1074157	../kcc/detail/operatorEditDetail.cfm?docID=1082512