

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1130837

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # | | | API No. 15Spot Description: | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------|----------------|-------------------------------------|--|----------------|--------------------------------------------------|--|--|
| | | | | | | Address 1: | | | SecTwpS. R East West | | |
| Address 2: | | | Feet from North / South Line of Section | | | | | | | | |
| City: State: Zip:+ | | | Feet from _ East / _ West Line of Section | | | | | | | | |
| Contact Person: | | | Footages Calculated from Nearest Outside Section Corner: | | | | | | | | |
| Phone: () | | | □NE □NW □SE □SW | | | | | | | | |
| CONTRACTOR: License # | | | GPS Location: Lat:, Long: | | | | | | | | |
| Name: | | | | (e.g. xx.xxxxx) | (e.gxxx.xxxxx) | | | | | | |
| Wellsite Geologist: | | | Datum: NAD27 NAD83 WGS84 | | | | | | | | |
| Purchaser: | | | County: | | | | | | | | |
| Designate Type of Completion: | | | Lease Name: Well #: | | | | | | | | |
| New Well Re-Entry Workover | | | Field Name: | | | | | | | | |
| ☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. | | | Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: | | | | | | | | |
| | | | | | | CM (Coal Bed Methane) | | | Amount of Surface Pipe Set and Cemented at: Feet | | |
| | | | | | | Cathodic Other (Core, Expl., etc.): | | | Multiple Stage Cementing Collar Used? | | |
| If Workover/Re-entry: Old Well Info as follows: | | | If yes, show depth set: Feet | | | | | | | | |
| Operator: | | | If Alternate II completion, cement circulated from: | | | | | | | | |
| Well Name: | | | feet depth to:w/sx cmt. | | | | | | | | |
| Original Comp. Date: | | | | | | | | | | | |
| Deepening Re-perf | J | ENHR Conv. to SWD | Drilling Fluid Managemer | nt Plan | | | | | | | |
| Plug Back | Conv. to G | | (Data must be collected from to | | | | | | | | |
| Commingled | Permit # | | Chloride content: | ppm Fluid volume | : bbls | | | | | | |
| ☐ Commingled Permit #: | | Dewatering method used: Location of fluid disposal if hauled offsite: | | | | | | | | | |
| | | | | | GSW | Permit #: | | Operator Name: | | | |
| | | | | | | | | Lease Name: | | | |
| Spud Date or Date R | eached TD | Completion Date or | Quarter Sec | TwpS. R | East West | | | | | | |
| Recompletion Date | | Recompletion Date | 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 | | | | |
|---------------------------------|--|--|--|--|
| Confidentiality Requested | | | | |
| Date: | | | | |
| Confidential Release Date: | | | | |
| Wireline Log Received | | | | |
| Geologist Report Received | | | | |
| UIC Distribution | | | | |
| ALT I II III Approved by: Date: | | | | |

Page Two



Operator Name: Lease Name: _ _ Well #: _ County: _ INSTRUCTIONS: Show important tops 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. Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). **Drill Stem Tests Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

April 01, 2013

Don Williams Shakespeare Oil Co., Inc. 202 W MAIN ST SALEM, IL 62881-1519

Re: ACO1 API 15-063-22039-00-00 Parsons 2-27 NW/4 Sec.27-13S-31W Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Don Williams