



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1162039
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1162039

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: _____ Producing Method:
 Flowing Pumping Gas Lift 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 <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 <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	Carson 1-26
Doc ID	1162039

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Microlog
Sonic

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	Carson 1-26
Doc ID	1162039

Tops

Name	Top	Datum
Base Anhydrite	2468	+656
Heebner	3993	-869
Lansing	4035	-911
Muncie Creek	4216	-1092
Stark Shale	4314	-1190
Hushpuckney	4356	-1232
Pawnee	4536	-1412
L. Cherokee Shale	4616	-1492
Johnson	4662	-1538
Morrow Shale	4740	-1616
Mississippian	4828	-1704



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 138315

Invoice Date: Aug 28, 2013

Page: 1

Bill To:
Shakespeare Oil Co., Inc. 202 West Main St. Salem, IL 62881

Now Includes:

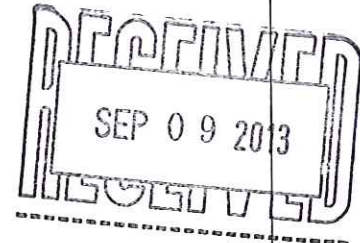


Customer ID	Field Ticket #	Payment Terms	
Shak	61764	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Aug 28, 2013	9/27/13

Quantity	Item	Description	Unit Price	Amount
		Carson #1-26		
180.00	CEMENT MATERIALS	Class A Common	17.90	3,222.00
3.00	CEMENT MATERIALS	Gel	23.40	70.20
6.00	CEMENT MATERIALS	Chloride	64.00	384.00
194.00	CEMENT SERVICE	Cubic Feet	2.48	481.12
398.70	CEMENT SERVICE	Ton Mileage	2.60	1,036.62
1.00	CEMENT SERVICE	Surface ✓	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Mike Scothorn		
1.00	EQUIPMENT OPERATOR	Ben Newell		

INT

10502-S



ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,885.17

ONLY IF PAID ON OR BEFORE

Sep 22, 2013

Subtotal	7,250.69
Sales Tax	299.61
Total Invoice Amount	7,550.30
Payment/Credit Applied	
TOTAL	7,550.30

DW

ALLIED OIL & GAS SERVICE, LLC 061764

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Greenland

DATE <u>8-28-13</u>	SEC <u>26</u>	TWP. <u>16</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>11pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Carson</u>	WELL# <u>1-26</u>	LOCATION <u>Scott City 10W west to pence</u>			COUNTY <u>Scott</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>rd sign, w to eagle Rd, 1 1/2 S, v into</u>					

CONTRACTOR <u>HD Drilling #2</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/2</u>	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>267</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15 Ft</u>	
PERFS.	
DISPLACEMENT <u>16.02 bbls freshwater</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Joshua</u>	
# <u>398</u> HELPER <u>Mike scathorn</u>	
BULK TRUCK	
# <u>344-170</u> DRIVER <u>Ben Newell</u>	
BULK TRUCK	
#	DRIVER

CEMENT			
AMOUNT ORDERED <u>180 SKS Class A</u>			
<u>3% cc 2% gel</u>			
COMMON <u>180</u>	@ <u>17.90</u>	<u>3,222.00</u>	
POZMIX	@		
GEL <u>3</u>	@ <u>23.40</u>	<u>70.20</u>	
CHLORIDE <u>6</u>	@ <u>64.00</u>	<u>384.00</u>	
ASC	@		
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING <u>194</u>	@ <u>2.48</u>	<u>481.12</u>	
MILEAGE <u>8.86 x 45 Y</u>	@ <u>2.60</u>	<u>1,036.62</u>	
		TOTAL	<u>5,193.94</u>

REMARKS:

On location, rig up, had safety meeting
Run 8 5/8 casing, break circulation w/ rig road
Hook up cement pump, pressure test 500 psi
Displace 5 bbls fresh water
Mix 180 sks class A 3% cc 2% gel
Displace 16.02 bbls fresh water, shut in
Cement did circulate 11:20 pm
Rig down

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>1512.25</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>HUM 45</u>	@ <u>7.70</u>	<u>346.50</u>
MANIFOLD	@	
<u>HUM 45</u>	@ <u>4.40</u>	<u>198.00</u>
	@	

TOTAL 2,056.75

CHARGE TO: Shakespeare oil & gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Ryan L Baker

SIGNATURE X Ryan L Baker
Thank you!!

SALES TAX (if Any)	_____
TOTAL CHARGES	<u>7,250.69</u>
DISCOUNT	<u>1,885.12</u>
	<u>5,365.57</u>

IF PAID IN 30 DAYS



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 138442

Invoice Date: Sep 7, 2013

Page: 1

Bill To:

Shakespeare Oil Co., Inc.
202 West Main St.
Salem, IL 62881

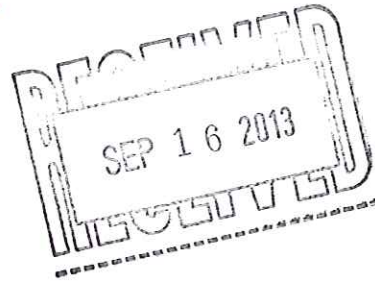
Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Shak	61317	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Sep 7, 2013	10/7/13

Quantity	Item	Description	Unit Price	Amount
		Carson #1-26		
3.00	CEMENT MATERIALS	Gel	23.40	70.20
180.00	CEMENT MATERIALS	ASC	20.90	3,762.00
900.00	CEMENT MATERIALS	Gilsonite	0.98	882.00
19.00	CEMENT MATERIALS	Salt	26.35	500.65
127.00	CEMENT MATERIALS	CD-31	10.30	1,308.10
12.00	CEMENT MATERIALS	Super Flush	58.70	704.40
233.39	CEMENT SERVICE	Cubic Feet	2.48	578.81
404.80	CEMENT SERVICE	Ton Mileage	2.60	1,052.48
1.00	CEMENT SERVICE	Production <input checked="" type="checkbox"/>	2,765.75	2,765.75
40.00	CEMENT SERVICE	Pump Truck Mileage	7.70	308.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
1.00	CEMENT SERVICE	Rotating Head Rental	200.00	200.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	EQUIPMENT OPERATOR	Paul Beaver		
1.00	OPERATOR ASSISTANT	David Scariano		

INT



10502-5

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 3,271.68

ONLY IF PAID ON OR BEFORE
Oct 2, 2013

Subtotal	12,583.39
Sales Tax	589.03
Total Invoice Amount	13,172.42
Payment/Credit Applied	
TOTAL	13,172.42

DW

ALLIED OIL & GAS SERVICES, LLC 061317

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT
Dakley

DATE <u>9-2-13</u>	SEC. <u>26</u>	TWP. <u>16S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 pm</u>	JOB FINISH <u>11:00 pm</u>
LEASE <u>Carson</u>	WELL# <u>1-26</u>	LOCATION <u>Pence 2E 14S Winto</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR H.D. #2
 TYPE OF JOB Production
 HOLE SIZE 2 3/8 T.D. 4890'
 CASING SIZE 5 1/2 DEPTH 4898'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port collar DEPTH 2450'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 4250
 CEMENT LEFT IN CSG. 4250
 PERFS.
 DISPLACEMENT 115,156

OWNER Same
 CEMENT
 AMOUNT ORDERED 180 sks 250
106 skt 2 1/2 gal 5 1/2 Gilsonite 3000-31
 COMMON @
 POZMIX @
 GEL 3 sks @ 23.40 70.20
 CHLORIDE @
 ASC 180 sks @ 20.90 3762.00
 Gilsonite 900# @ 1.98 882.00
 Salt 19 sks @ 26.35 500.65
 G-31 127# @ 10.30 1308.10
 Super Flush 1200L @ 58.20 704.40
 HANDLING 238.39 cu/ft @ 2.18 518.81
 MILEAGE 210 10.40/mi 2184.00
 TOTAL 8858.64

EQUIPMENT
 PUMP TRUCK CEMENTER Andrew Finstrand
 # 403-281 HELPER Paul Bauer
 BULK TRUCK
 # 347 DRIVER David Soriano
 BULK TRUCK
 # DRIVER

REMARKS:

Pump 1200L super flush. Plug Ret
hole 30 sks, mix 150 sks down
5 1/2 casing. Wash pump and line.
Clean. Release plug, start
Displacement. 860 to lift pressure
1300# Land plug. Float held.

Thank you

CHARGE TO: Shakespeare
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 4898'
 PUMP TRUCK CHARGE 2745.25
 EXTRA FOOTAGE @
 MILEAGE 40 miles @ 7.20 288.00
 MANIFOLD head @ 225.00
Light vehicle @ 4.40 12.00
rotating head @ 200.00
 TOTAL 3224.25

PLUG & FLOAT EQUIPMENT

 @
 @
 @
 @
 @
 TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Doug Roberts
 SIGNATURE Doug Roberts
Good job thanks

SALES TAX (If Any) _____
 TOTAL CHARGES 12,583.39
 DISCOUNT 3,271.68 IF PAID IN 30 DAYS
9,311.70 Net.

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 138737

Invoice Date: Sep 16, 2013

Page: 1

Bill To:

Shakespeare Oil Co., Inc.
202 West Main St.
Salem, IL 62881

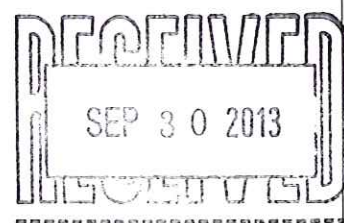
Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Shak	61318	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-04	Oakley	Sep 16, 2013	10/16/13

Quantity	Item	Description	Unit Price	Amount
200.00	CEMENT MATERIALS	Carson #1-26		
110.00	CEMENT MATERIALS	Class A Common	17.90	3,580.00
21.00	CEMENT MATERIALS	Pozmix	9.35	1,028.50
77.00	CEMENT MATERIALS	Gel	23.40	491.40
7.00	CEMENT MATERIALS	Flo Seal	2.97	228.69
643.50	CEMENT SERVICE	Cottonseed Hulls	35.00	245.00
1,056.40	CEMENT SERVICE	Cubic Feet	2.48	1,595.88
1.00	CEMENT SERVICE	Ton Mileage	2.60	2,746.64
40.00	CEMENT SERVICE	Port Collar ✓	2,483.59	2,483.59
40.00	CEMENT SERVICE	Pump Truck Mileage	7.70	308.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	OPERATOR ASSISTANT	Kevin Ryan		
1.00	OPERATOR ASSISTANT	Brandon Wilkinson		
1.00	OPERATOR ASSISTANT	Chris Helpingstine		

INT



10502-5

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 3,349.76

ONLY IF PAID ON OR BEFORE
Oct 11, 2013

Subtotal	12,883.70
Sales Tax	454.25
Total Invoice Amount	13,337.95
Payment/Credit Applied	
TOTAL	13,337.95

DW

ALLIED OIL & GAS SERVICES, LLC 061318

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Oakley

DATE <u>9-16-13</u>	SEC <u>126</u>	TWP. <u>16S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00pm</u>	JOB FINISH <u>2:00pm</u>
LEASE <u>Carson</u>	WELL # <u>1-26</u>	LOCATION <u>Pence 2E 145</u>			COUNTY <u>SCOTT</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)				<u>Winto</u>			

CONTRACTOR _____
 TYPE OF JOB Port collar
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL Port collar DEPTH 2450
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 9.5 OOL

OWNER same
 CEMENT
 AMOUNT ORDERED 550 sks 475 80026
1/4 flo-seal 1000# Halls on side
used 310 sks cement 350# Halls
 COMMON 200 sks @ 17.90 3580.00
 POZMIX 110 sks @ 9.35 1028.50
 GEL 21.5 sks @ 23.40 491.40
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
Flo-seal 22# @ 2.97 228.69
 _____ @ _____
Halls 7.5 sks @ 35.00 262.50
 _____ @ _____
 _____ @ _____
 HANDLING 44350 cu/ft @ 2.48 1595.88
 MILEAGE 26.02 miles @ 26.41/mi 2746.69
 TOTAL 9916.11

REMARKS:

Pressure system to 1200#. Open
Port collar, Pump 80 OOL made
Circulate cement to surface with
310 sks cement, 350# Halls. Close
Port collar, Pressure to 1200#.
Run 5 joints Reverse clean.
COO# Lift Pressure.

Thank you

SERVICE

DEPTH OF JOB 2450'
 PUMP TRUCK CHARGE _____ 2483.59
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 40 miles @ 7.70 308.00
 MANIFOLD _____ @ _____
Light vehicle @ 4.40 176.00
 _____ @ _____

TOTAL 2967.59

PLUG & FLOAT EQUIPMENT

 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 12,883.70

DISCOUNT 3,349.76 IF PAID IN 30 DAYS

9,533.93 Net.

CHARGE TO: shake spear
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Perry Carr

SIGNATURE Perry Carr



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54933

DST#: 1

ATTN: Tim Priest

Test Start: 2013.09.02 @ 22:03:44

GENERAL INFORMATION:

Formation: **Lansing I-J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:30:14

Time Test Ended: 05:42:44

Test Type: Conventional Bottom Hole (Initial)

Tester: Brandon Turley

Unit No: 60

Interval: 4271.00 ft (KB) To 4314.00 ft (KB) (TVD)

Reference Elevations: 3121.00 ft (KB)

Total Depth: 4314.00 ft (KB) (TVD)

3114.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8373

Inside

Press @ Run Depth: 448.71 psig @ 4276.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.02

End Date:

2013.09.03

Last Calib.:

2013.09.03

Start Time: 22:03:49

End Time:

05:42:43

Time On Btm:

2013.09.03 @ 00:28:14

Time Off Btm:

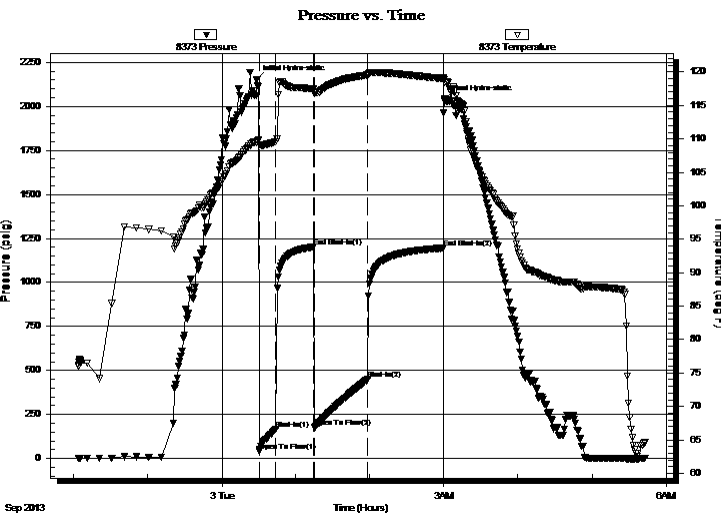
2013.09.03 @ 03:00:14

TEST COMMENT: IF: 1/4 blow BOB in 6 min.

IS: No return.

FF: BOB in 7 min.

FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2150.99	109.50	Initial Hydro-static
2	42.00	109.14	Open To Flow (1)
16	166.57	109.62	Shut-In(1)
46	1201.11	117.46	End Shut-In(1)
47	175.60	116.84	Open To Flow (2)
90	448.71	119.53	Shut-In(2)
151	1195.44	119.00	End Shut-In(2)
152	2040.19	118.81	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
660.00	mcw 95%w 5%m	8.49
300.00	w cm 30%w 70%m	4.39

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54933

DST#: 1

ATTN: Tim Priest

Test Start: 2013.09.02 @ 22:03:44

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

52000 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
660.00	mcw 95%w 5%m	8.487
300.00	w cm 30%w 70%m	4.387

Total Length: 960.00 ft Total Volume: 12.874 bbl

Num Fluid Samples: 0

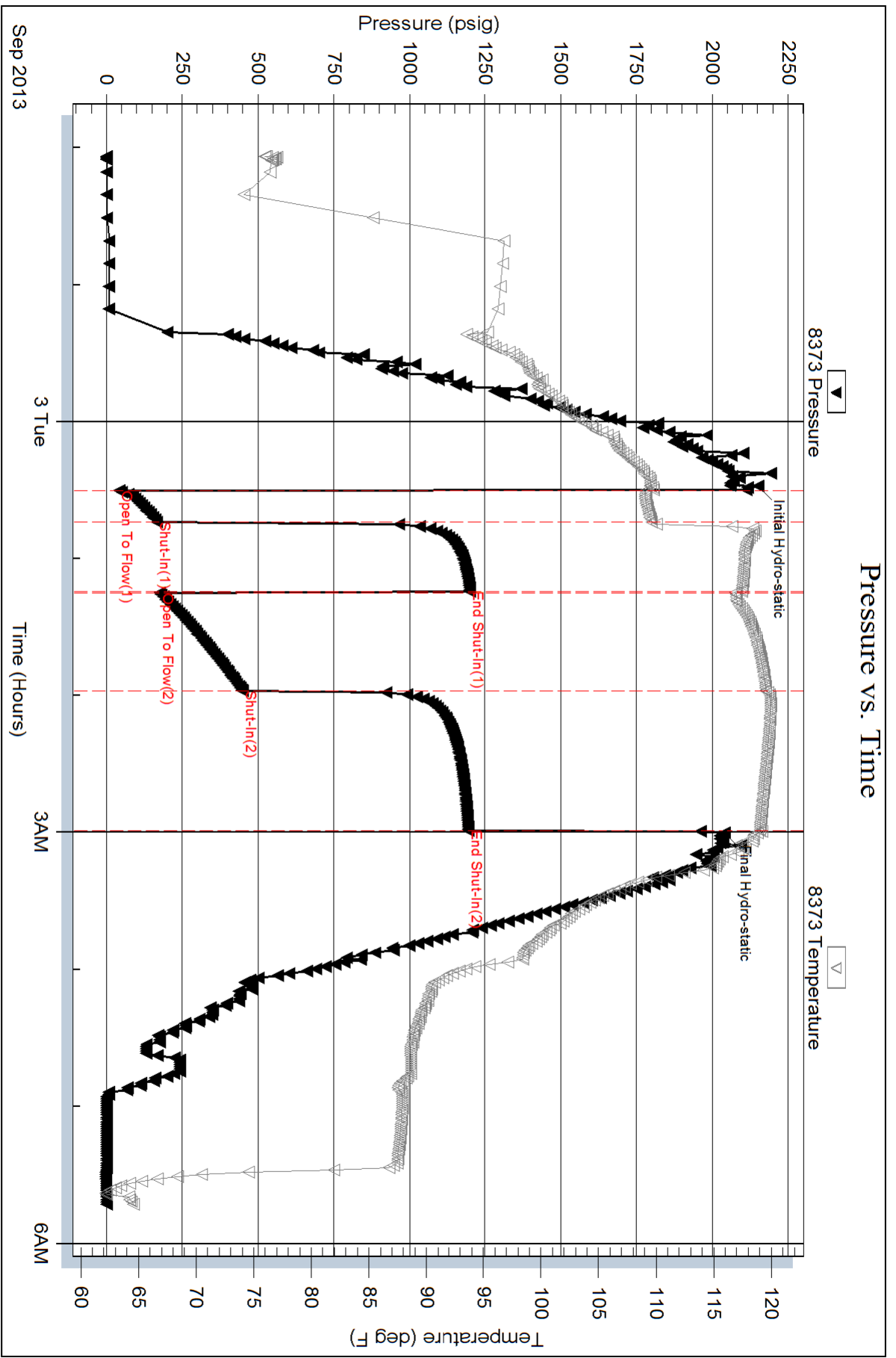
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .16@65=52000





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54934

DST#: 2

ATTN: Tim Priest

Test Start: 2013.09.04 @ 03:35:15

GENERAL INFORMATION:

Formation: **Marmaton A**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:48:45

Time Test Ended: 11:30:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Brandon Turley

Unit No: 60

Interval: 4445.00 ft (KB) To 4466.00 ft (KB) (TVD)

Total Depth: 4466.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3121.00 ft (KB)

3114.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8373

Inside

Press @ Run Depth: 274.82 psig @ 4450.00 ft (KB)

Start Date: 2013.09.04

End Date:

2013.09.04

Start Time: 03:35:20

End Time:

11:30:14

Capacity: 8000.00 psig

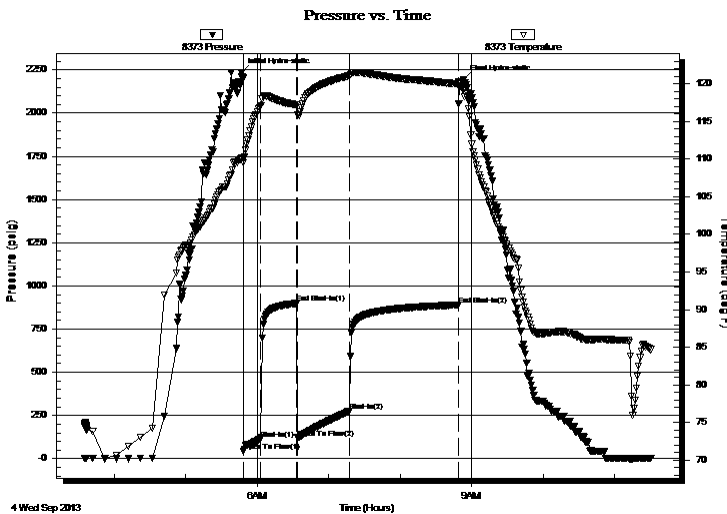
Last Calib.: 2013.09.04

Time On Btm: 2013.09.04 @ 05:46:45

Time Off Btm: 2013.09.04 @ 08:53:15

TEST COMMENT: IF: BOB in 4 min.
IS: BOB in 14 min.
FF: BOB in 4 min.
FS: BOB in 10 min.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2232.49	109.99	Initial Hydro-static
2	41.82	109.53	Open To Flow (1)
16	114.82	116.99	Shut-In(1)
47	898.82	117.19	End Shut-In(1)
48	120.73	115.90	Open To Flow (2)
91	274.82	121.06	Shut-In(2)
182	890.12	119.98	End Shut-In(2)
187	2191.36	119.14	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
180.00	mcgo 30%g 50%o 20%m	1.47
240.00	mcgo 10%g 80%o 10%m	3.51
420.00	go 10%g 90%o	6.14
0.00	840 GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54934

DST#: 2

ATTN: Tim Priest

Test Start: 2013.09.04 @ 03:35:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 35 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 0 ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl	
Water Loss: 9.59 in ³	Gas Cushion Type:	
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig	
Salinity: 5000.00 ppm		
Filter Cake: 1.00 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
180.00	mcgo 30%g 50%o 20%m	1.468
240.00	mcgo 10%g 80%o 10%m	3.510
420.00	go 10%g 90%o	6.142
0.00	840 GIP	0.000

Total Length: 840.00 ft Total Volume: 11.120 bbl

Num Fluid Samples: 0

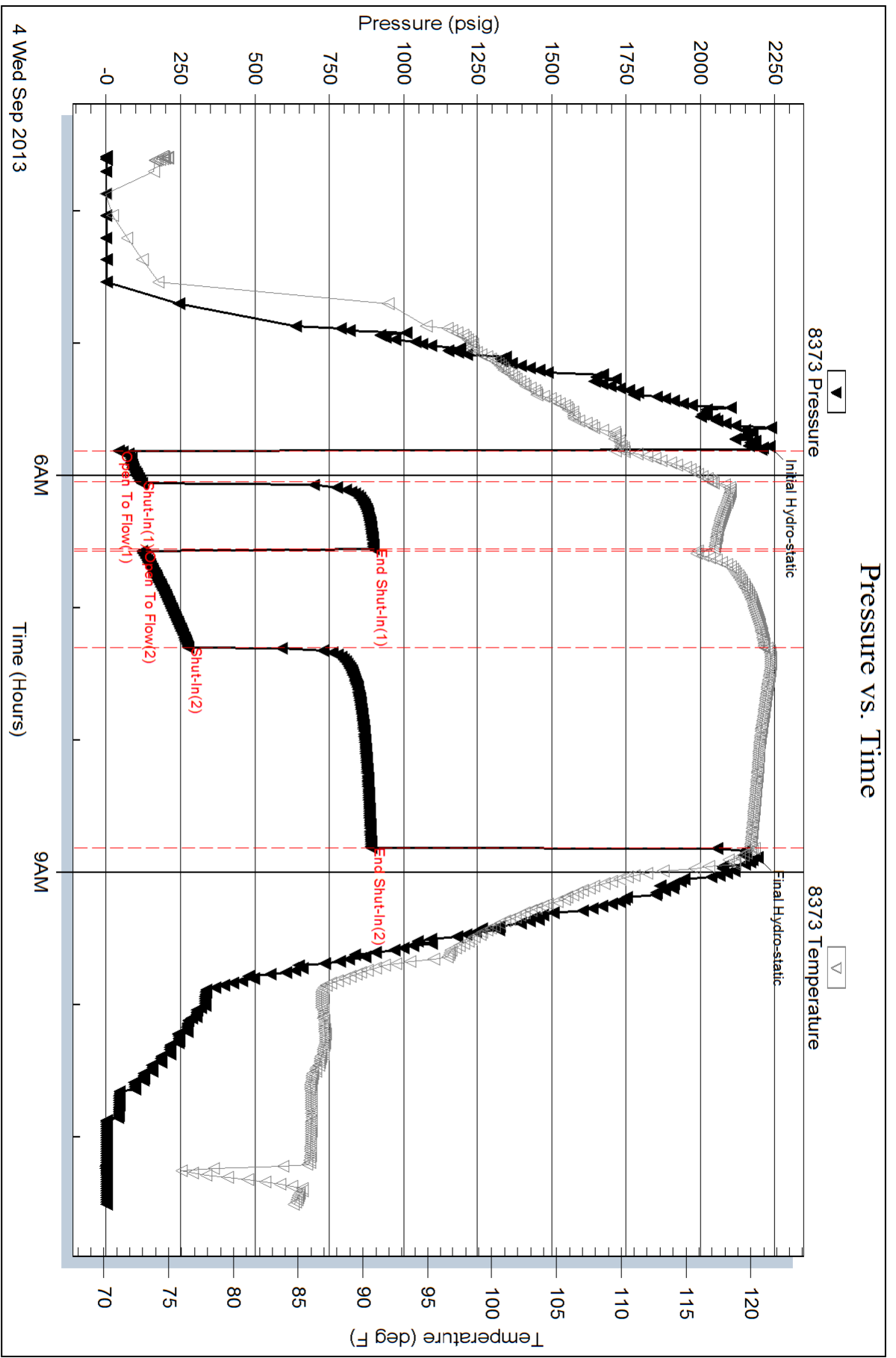
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 38@90=35





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54935

DST#: 3

ATTN: Tim Priest

Test Start: 2013.09.04 @ 21:43:49

GENERAL INFORMATION:

Formation: **Marmaton B**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 23:48:19

Time Test Ended: 05:27:19

Test Type: Conventional Bottom Hole (Reset)

Tester: Brandon Turley

Unit No: 60

Interval: **4467.00 ft (KB) To 4500.00 ft (KB) (TVD)**

Reference Elevations: 3121.00 ft (KB)

Total Depth: 4500.00 ft (KB) (TVD)

3114.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8373 Inside

Press @ Run Depth: 78.90 psig @ 4472.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.04

End Date:

2013.09.05

Last Calib.:

2013.09.05

Start Time: 21:43:54

End Time:

05:27:18

Time On Btm:

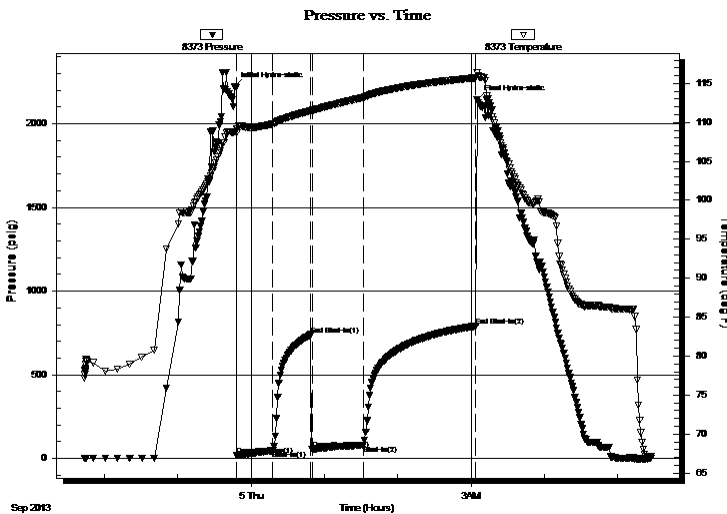
2013.09.04 @ 23:46:49

Time Off Btm:

2013.09.05 @ 03:04:49

TEST COMMENT: IF: BOB in 20 min.
IS: Surface blow built to 1/2.
FF: BOB in 24 min.
FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2223.12	108.81	Initial Hydro-static
2	18.71	108.67	Open To Flow (1)
31	47.50	109.81	Shut-In(1)
62	739.32	111.50	End Shut-In(1)
63	55.10	111.47	Open To Flow (2)
105	78.90	113.18	Shut-In(2)
197	791.04	115.72	End Shut-In(2)
198	2142.80	116.42	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	mcgo 30%g 30%o 40%m	0.30
130.00	go 30%g 70%o	0.74
0.00	410 GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co

26-16-34 Scott Ks

202 W Main St.
Salem, IL 62881

Carson 1-26

Job Ticket: 54935

DST#: 3

ATTN: Tim Priest

Test Start: 2013.09.04 @ 21:43:49

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

35 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
60.00	mcgo 30%g 30%o 40%m	0.295
130.00	go 30%g 70%o	0.736
0.00	410 GIP	0.000

Total Length: 190.00 ft Total Volume: 1.031 bbl

Num Fluid Samples: 0

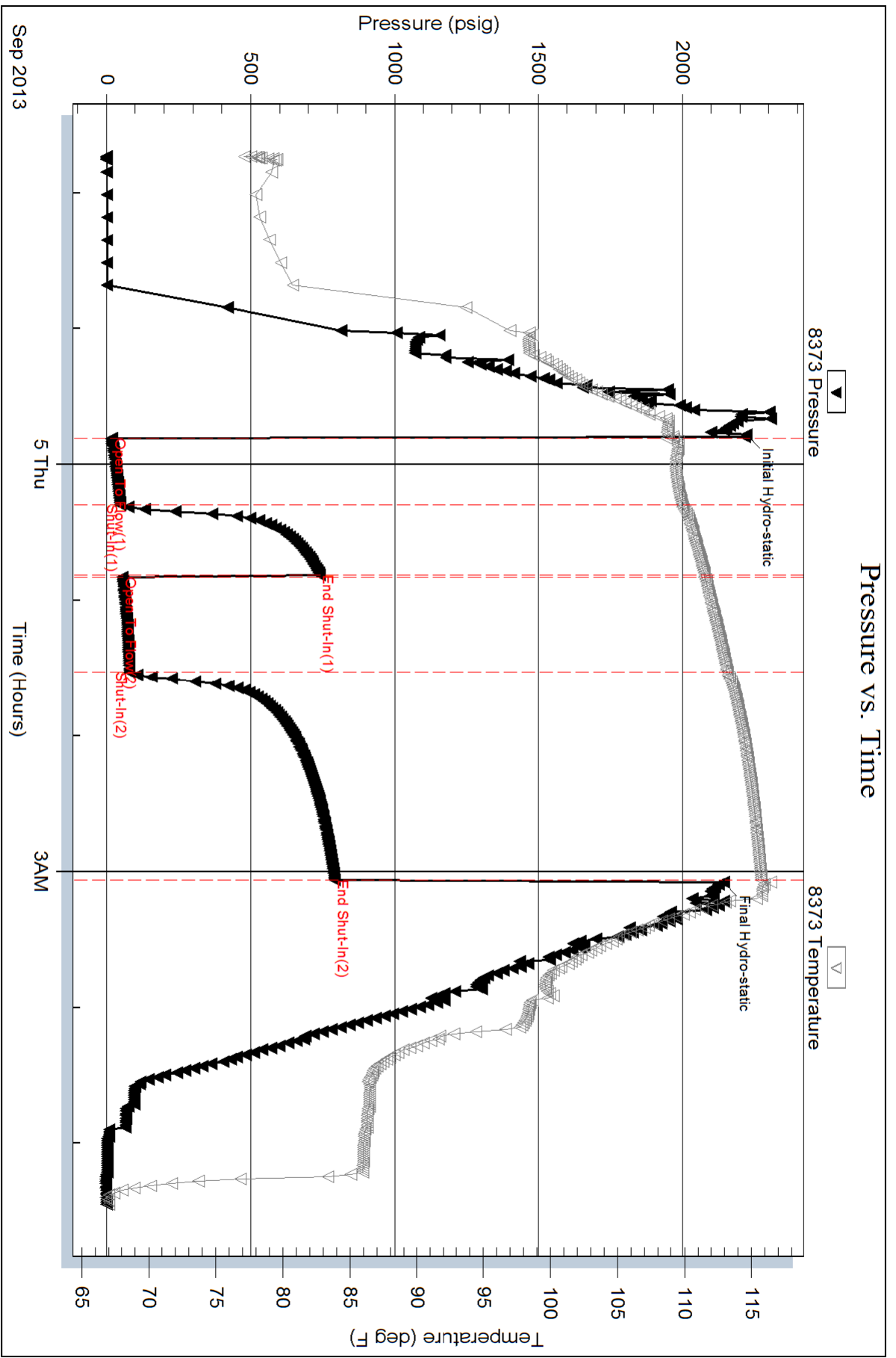
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 36@70=35



GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY: **SHAKESPEAR OIL CO.**
 LEASE: **CARBON-26**
 FIELD: **Perdue East**
 LOCATION: **649 ENL, 1371 FEL**
 SEC: **26 T15P 16S R0E 34W**
 COUNTY: **Scott STATE Kansas**

CONTRACTOR: **HD Rig #2**
 SPUD: **8-28-13 COMP 9-7-13**
 RTD: **4890' LTD 4889'**
 MUD UP: **3600' TYPE MUD Chemical**

SAMPLES SAVED FROM: **3800' to RTD**
 DRILLING TIME KEPT FROM: **3800' to RTD**
 SAMPLES EXAMINED FROM: **3800' to RTD**
 GEOLOGICAL SUPERVISION FROM: **3950' to RTD**

GEOLOGIST ON WELL: **Tim Priest**

FORMATION TOPS: **ELECTRIC LOG**

ANHYDRITE: **2448 (+678)**
 Heebner Shale: **3993 (-869)**
 Lansing: **4035 (-911)**
 SARK: **4314 (-1190)**
 B/K.C.: **4408 (-1284)**
 Fort Scott: **4590 (-1466)**
 Cherokee Shale: **4626 (-1704)**

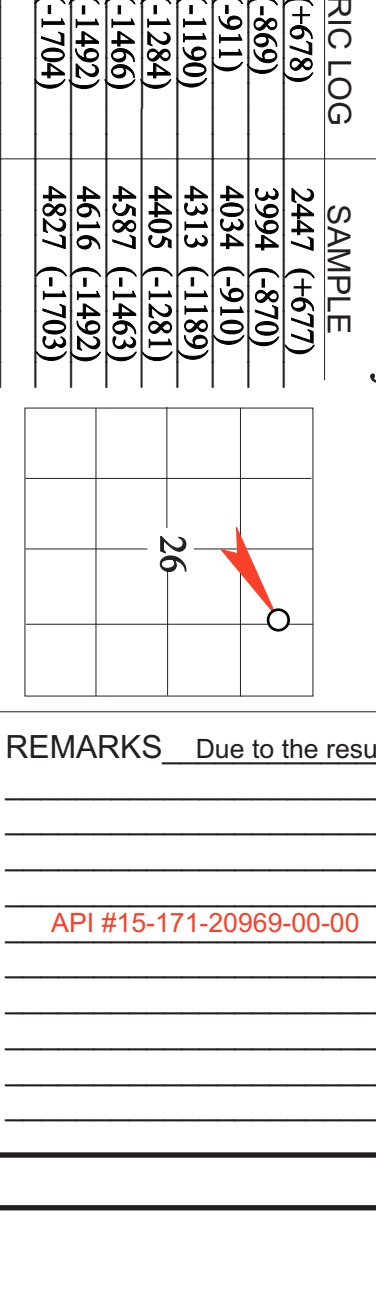
DEPTH: **2447 (+677)**
3994 (-870)
4034 (-910)
4313 (-1189)
4405 (-1283)
4597 (-1463)
4616 (-1492)
4827 (-1703)

ELEVATIONS: **KG 3124'**
 DF: _____
 GL: **3114'**

Measurements Are All From: **KB**

CASINGS: _____
 CONDUCTION: **N/A**
 SURFACE: **8-5/8" @ 264'**
 PRODUCTION: **4 1/2" @ 4890'**

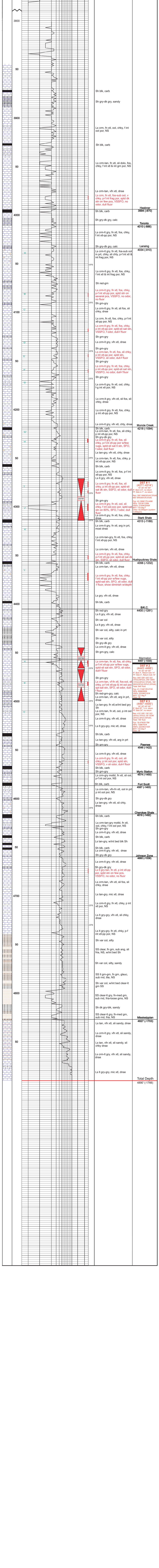
ELECTRICAL SURVEYS: **CND/D/SP/P.E.**
 Micro: _____
 By: **Weatherford**



REMARKS: Due to the results of DSTs, it was decided to set production casing to further test the well.

Respectfully Submitted,
 Tim Priest
 Petroleum Geologist

API #15-171-20969-00-00



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/>

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

Sam Brownback, Governor

October 09, 2013

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

Re: ACO1
API 15-171-20969-00-00
Carson 1-26
NE/4 Sec.26-16S-34W
Scott 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