



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198558
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: _____

1198558

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Name	Top	Datum
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:				

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	York 2-2
Doc ID	1198558

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Microlog
Sonic

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	York 2-2
Doc ID	1198558

Tops

Name	Top	Datum
Base Anhydrite	2241	+539
Heebner	3818	-1038
Lansing	3855	-1075
Muncie Creek	4022	-1242
Stark Shale	4111	-1331
Hushpuckney	4148	-1368
Pawnee	4320	-1540
L. Cherokee Shale	4397	-1617
Johnson	4440	-1660
Morrow Shale	4463	-1683
Mississippian	4480	-1700



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141879
Invoice Date: Mar 11, 2014
Page: 1

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

Bill To:

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

Customer ID	Field Ticket #	Payment Terms	
Shak	61986	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Mar 11, 2014	4/10/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	York #2-2		
175.00	CEMENT MATERIALS	Class A Common	17.90	3,132.50
3.00	CEMENT MATERIALS	Gel	23.40	70.20
10.00	CEMENT MATERIALS	Chloride	64.00	640.00
189.24	CEMENT SERVICE	Cubic Feet Charge	2.48	469.32
493.50	CEMENT SERVICE	Ton Mileage Charge	2.60	1,283.10
1.00	CEMENT SERVICE	Surface ✓	1,512.25	1,512.25
60.00	CEMENT SERVICE	Pump Truck Mileage	7.70	462.00
60.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	264.00
1.00	CEMENT SUPERVISOR	Kelly Gabel		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		

INT

10502-5
KW JP

RECORDED

MAR 24 2014

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

\$ 1,958.34

ONLY IF PAID ON OR BEFORE
Apr 5, 2014

Subtotal	7,833.37
Sales Tax	313.18
Total Invoice Amount	8,146.55
Payment/Credit Applied	
TOTAL	8,146.55

DW



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142036
Invoice Date: Mar 22, 2014
Page: 1

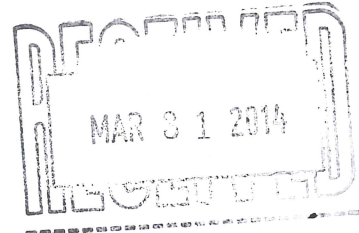
Voice: (817) 546-7282
Fax: (817) 246-3361

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

Customer ID	Field Ticket #	Payment Terms	
Shak	61993	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Mar 22, 2014	4/21/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	York #2-2		
162.00	CEMENT MATERIALS	Class A Common	17.90	2,899.80
108.00	CEMENT MATERIALS	Pozmix	9.35	1,009.80
9.00	CEMENT MATERIALS	Gel	23.40	210.60
67.00	CEMENT MATERIALS	Flo Seal	2.97	198.99
289.95	CEMENT SERVICE	Cubic Feet Charge	2.48	719.08
464.40	CEMENT SERVICE	Ton Mileage Charge	2.60	1,207.44
1.00	CEMENT SERVICE	Plug to Abandon ✓	1,250.00	1,250.00
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	Kelly Gabel		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		
1.00	OPERATOR ASSISTANT	Brandon Wilkinson		

INT



10502-17
KW JR

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

\$ 1,994.92

ONLY IF PAID ON OR BEFORE
Apr 16, 2014

Subtotal	7,979.71
Sales Tax	650.35
Total Invoice Amount	8,630.06
Payment/Credit Applied	
TOTAL	8,630.06

DW

ALLIED OIL & GAS SERVICES, LLC 061993

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Corkley, KS

DATE <u>3-22-14</u>	SEC. <u>2</u>	TWP. <u>16^s</u>	RANGE <u>31^w</u>	CALLED OUT	ON LOCATION	JOB START <u>4:21 PM</u>	JOB FINISH <u>4:30 PM</u>
LEASE <u>York</u>		WELL # <u>2-2</u>		LOCATION <u>4 1/2 S Jct E to Tans Rd N</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				<u>to Rd 280 E to W. 1100 Rd N + W into</u>			

CONTRACTOR HD #2
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 4560
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER same
 CEMENT
 AMOUNT ORDERED 270SKS 60/40 Poz
490 gal 1/4" #10-seal

EQUIPMENT

PUMP TRUCK CEMENTER Kelly Gabel
 # 422 HELPER Wayne McGinhy
 BULK TRUCK
 # 818 287 DRIVER Brandon Wilkinson
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>162SKS @ 17.90</u>	<u>2899.80</u>
POZMIX	<u>128SKS @ 9.35</u>	<u>1009.80</u>
GEL	<u>9SKS @ 23.90</u>	<u>210.00</u>
CHLORIDE	_____	_____
ASC	_____	_____
<u>10-seal 67#</u>	<u>@ 2.97</u>	<u>198.99</u>
HANDLING	<u>299.95 cash</u>	<u>719.08</u>
MILEAGE	<u>11.61 ton x 40 x 2.60</u>	<u>1207.44</u>
TOTAL		<u>6245.71</u>

REMARKS:

Rigged up
50 @ 23.50
80 @ 15.50
50 @ 7.75
40 @ 2.90
20 @ 60
30 RH Thank You
 Kelly & crew

SERVICE

DEPTH OF JOB	<u>22.50'</u>	
PUMP TRUCK CHARGE	<u>1250.00</u>	
EXTRA FOOTAGE	@ _____	
MILEAGE <u>Mi HV 40</u>	<u>@ 7.70 308.00</u>	
MANIFOLD	@ _____	
<u>Mi LV 40</u>	<u>@ 4.40 176.00</u>	
TOTAL		<u>1734.00</u>

CHARGE TO: Shakespeare
 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 Doug Roberts
 SIGNATURE Doug Roberts

SALES TAX (If Any) _____
 TOTAL CHARGES 7,979.71
 DISCOUNT 1,994.92 IF PAID IN 30 DAYS
5,984.78 Net.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Shakespeare Oil Inc
 202 W Main St
 Salem, IL
 62881
 ATTN: Tim Priest

2-16s-31w Scott, Ks

York #2-2

Job Ticket: 56297

DST#: 1

Test Start: 2014.03.18 @ 13:26:07

GENERAL INFORMATION:

Formation: **I**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 15:45:07
 Time Test Ended: 20:00:07
 Interval: **4056.00 ft (KB) To 4094.00 ft (KB) (TVD)**
 Total Depth: 4094.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Shane McBride
 Unit No: 55
 Reference Elevations: 2773.00 ft (KB)
 2765.00 ft (CF)
 KB to GR/CF: 8.00 ft

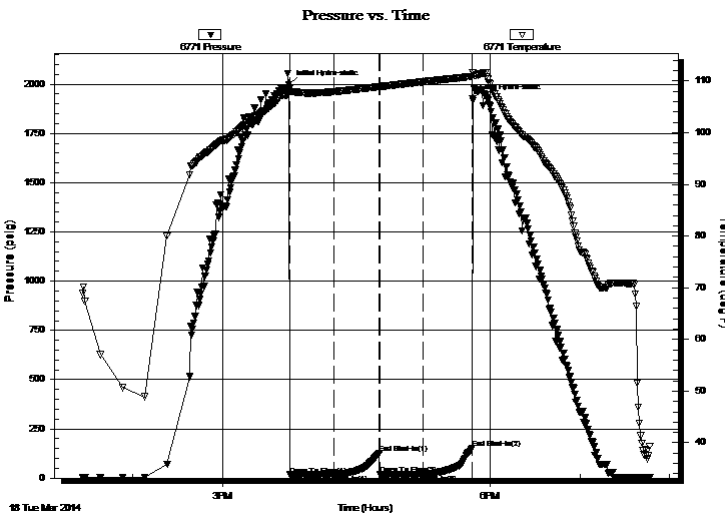
Serial #: 6771

Inside

Press@RunDepth: 18.93 psig @ 4061.00 ft (KB)
 Start Date: 2014.03.18 End Date: 2014.03.18
 Start Time: 13:26:07 End Time: 19:47:07
 Capacity: 8000.00 psig
 Last Calib.: 2014.03.18
 Time On Btm: 2014.03.18 @ 15:44:52
 Time Off Btm: 2014.03.18 @ 17:48:07

TEST COMMENT: Surface blow died in 8 min
 No return
 No blow
 No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1995.89	108.43	Initial Hydro-static
1	16.73	107.93	Open To Flow (1)
31	18.41	107.93	Shut-In(1)
61	126.93	108.93	End Shut-In(1)
61	19.24	108.87	Open To Flow (2)
90	18.93	109.84	Shut-In(2)
123	152.01	110.90	End Shut-In(2)
124	1925.48	111.51	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	mud w/oil spots 100%m	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Inc

2-16s-31w Scott, Ks

202 W Main St
Salem, IL
62881

York #2-2

Job Ticket: 56297

DST#: 1

ATTN: Tim Priest

Test Start: 2014.03.18 @ 13:26:07

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:

0 ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	mud w/oil spots 100%m	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

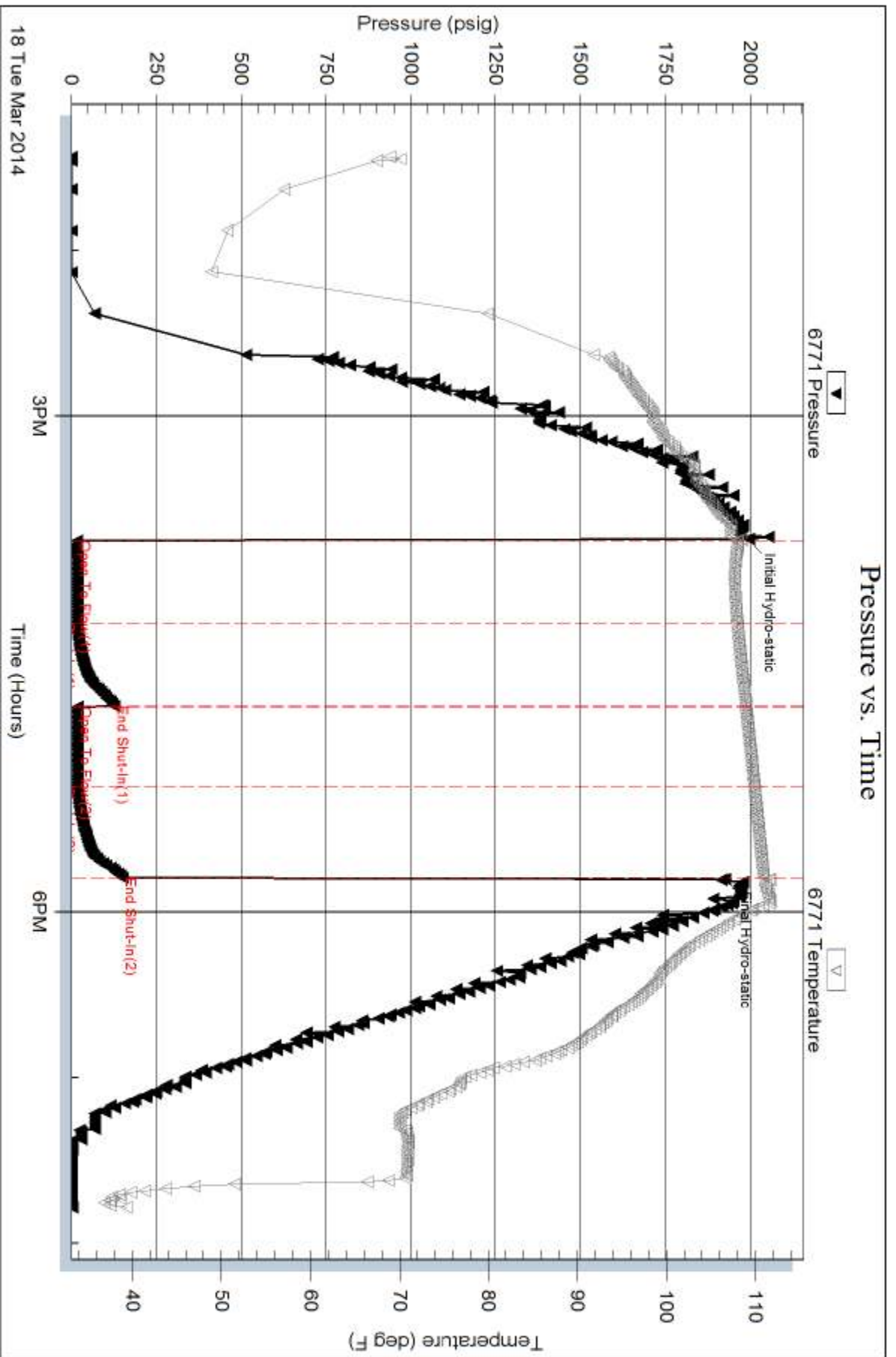
Serial #: 6771

Inside

Shakespeare Oil Inc

York #2-2

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 56297

Printed: 2014.03.19 @ 00:09:56



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Shakespeare Oil Inc
202 W Main St
Salem, IL
62881
ATTN: Tim Priest

2-16s-31w Scott, Ks

York #2-2

Job Ticket: 56298

DST#: 2

Test Start: 2014.03.20 @ 21:11:04

GENERAL INFORMATION:

Formation: **Johnson**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 23:33:04

Time Test Ended: 06:00:04

Test Type: Conventional Bottom Hole (Reset)

Tester: Shane McBride

Unit No: 55

Interval: 4417.00 ft (KB) To 4460.00 ft (KB) (TVD)

Reference Elevations: 2773.00 ft (KB)

Total Depth: 4460.00 ft (KB) (TVD)

2765.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 6771 Inside

Press@RunDepth: 92.18 psig @ 4422.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.03.20

End Date: 2014.03.21

Last Calib.: 2014.03.21

Start Time: 21:11:04

End Time: 05:42:04

Time On Btm: 2014.03.20 @ 23:32:49

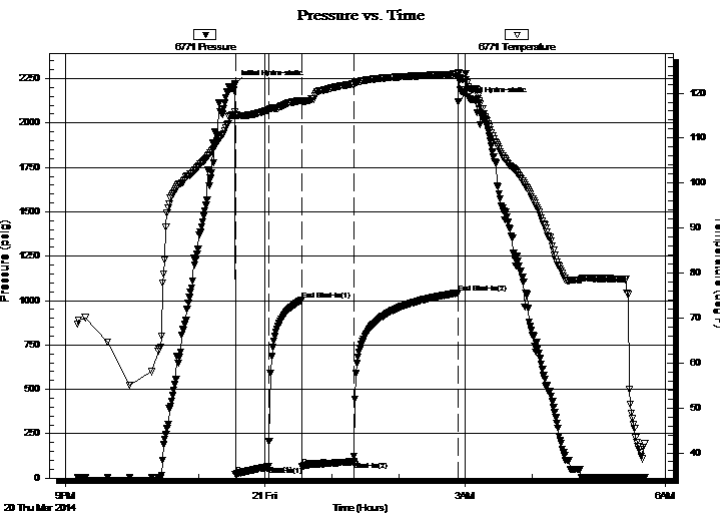
Time Off Btm: 2014.03.21 @ 02:54:04

TEST COMMENT: 2 3/4" blow

No return

3" blow

No return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2219.05	115.84	Initial Hydro-static
1	19.61	115.16	Open To Flow (1)
31	65.10	116.22	Shut-In(1)
60	1002.62	118.41	End Shut-In(1)
61	67.05	118.10	Open To Flow (2)
107	92.18	122.03	Shut-In(2)
201	1043.08	124.26	End Shut-In(2)
202	2121.91	124.61	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	w c m 30%w 70%mw /oil scum	0.59
40.00	s w c m 10%w 90%m	0.55
0.00	show of oil in top of tool	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Inc

2-16s-31w Scott, Ks

202 W Main St
Salem, Il
62881

York #2-2

Job Ticket: 56298

DST#: 2

ATTN: Tim Priest

Test Start: 2014.03.20 @ 21:11:04

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:

24000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
120.00	w c m 30%w 70%mw/oil scum	0.590
40.00	s w c m 10%w 90%m	0.552
0.00	show of oil in top of tool	0.000

Total Length: 160.00 ft Total Volume: 1.142 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw .442 @ 42*f = 24,000 chlor

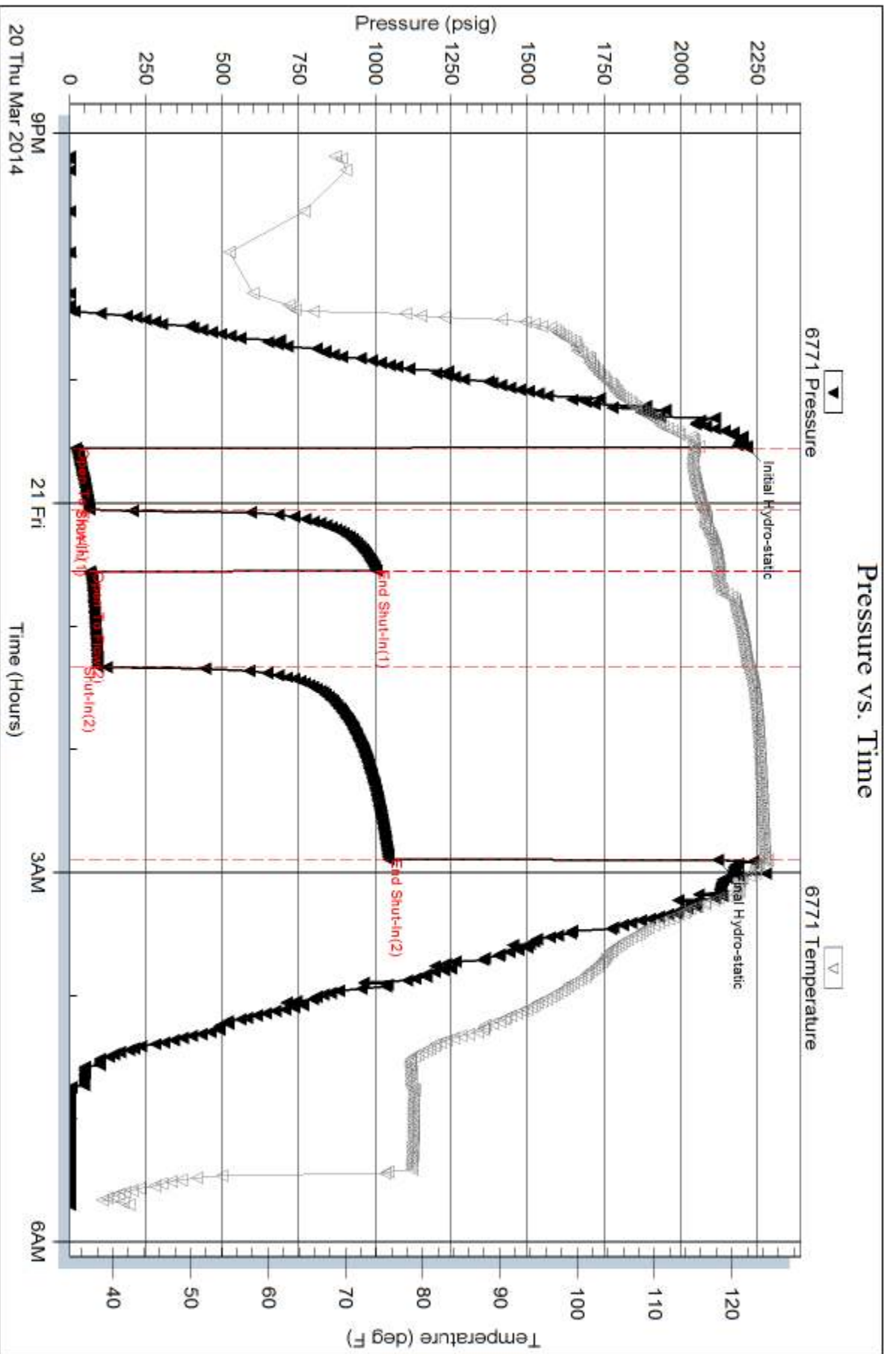
Serial #: 6771

Inside

Shakespeare Oil Inc

York #2-2

DST Test Number: 2



Tribble Testing, Inc

Ref. No: 56298

Printed: 2014.03.21 @ 09:11:09

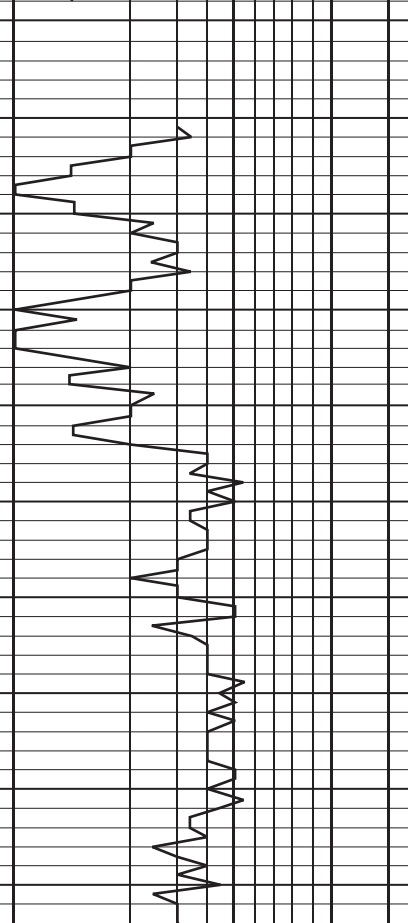
GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY **SHAKESPEARE OIL CO.**
 LEASE **York 2-2**
 FIELD **Widett**
 LOCATION **6907 NW, 1790' F.W.L.**
 SEC **2** T19SP **16S** R0E **31W**
 COUNTY **Scott** STATE **Kansas**

ELEVATIONS
 KB 2780'
 DF _____
 GL 2770'
 Measurements Are All From **KB**

CONTRACTOR HD Rig #2
 SPUD **3-11-14** COMP _____
 RTD _____ LTD _____
 MUD UP **3500'** TYPE MUD **Chemical**
 SURFACE **8-5/8" @ 254'**
 CONDUCTION **N/A**
 SAMPLES SAVED FROM **3650'** to RTD
 DRILLING TIME KEPT FROM **3650'** to RTD
 SAMPLES EXAMINED FROM **3650'** to RTD
 GEOLOGICAL SUPERVISION FROM **3680'** to RTD
 GEOLOGIST ON WELL **Tim Priest**

FORMATION TOPS ELECTRIC LOG SAMPLE
 Anhydrite _____
 Heebner Shale _____
 Lansing _____
 Stark Shale _____
 Fort Scott _____
 Mississippian _____



REMARKS

Respectfully Submitted,
 Tim Priest
 Petroleum Geologist

API #15-171-21037-00-00

