



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198573
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
-----------------------------------	-----------------	---

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: _____

1198573

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	COG 1-35
Doc ID	1198573

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Sonic
Microlog

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	COG 1-35
Doc ID	1198573

Tops

Name	Top	Datum
Base Anhydrite	2462	+660
Heebner	3987	-865
Lansing	4030	-908
Muncie Creek	4213	-1091
Stark Shale	4313	-1191
Hushpuckney	4360	-1238
Pawnee	4534	-1412
L. Cherokee Shale	4610	-1488
Johnson	4655	-1533
Mississippian	4778	-1656



PO Box 93999
Southlake, TX 76092

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

INVOICE

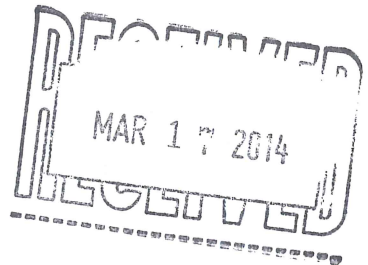
Invoice Number: 141773
Invoice Date: Mar 5, 2014
Page: 1

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

Customer ID	Field Ticket #	Payment Terms	
Shak	62574	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Mar 5, 2014	4/4/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	COG #1-35		
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
194.64	CEMENT SERVICE	Cubic Feet Charge	2.48	482.71
399.73	CEMENT SERVICE	Ton Mileage Charge	2.60	1,039.30
1.00	CEMENT SERVICE	Surface ✓	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	EQUIPMENT OPERATOR	Kevin Ryan		

INT



105025

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

\$ 1,882.49

ONLY IF PAID ON OR BEFORE
Mar 30, 2014

Subtotal	7,529.96
Sales Tax	299.61
Total Invoice Amount	7,829.57
Payment/Credit Applied	
TOTAL	7,829.57

DW

ALLIED OIL & GAS SERVICES, LLC 062574

Federal Tax I.D. # 20-3651475

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

SERVICE POINT:

Dakley (K)

DATE <i>3/5/14</i>	SEC. <i>35</i>	TWP. <i>10</i>	RANGE <i>34</i>	CALLED OUT	ON LOCATION	JOB START <i>2:30 PM</i>	JOB FINISH <i>3:00 PM</i>
LEASE <i>COG</i>	WELL# <i>1-35</i>	LOCATION <i>Pence E70 Engle 570 T 1/2 W</i>			COUNTY <i>Scott</i>	STATE <i>Ky</i>	
OLD OR NEW (Circle one) <u>NEW</u>			<i>1/2 N E20</i>				

CONTRACTOR *Southwind 70*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* TD.

CASING SIZE *8 5/8* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT

OWNER *Same*

CEMENT AMOUNT ORDERED *180 cum 370 cc*

271 gal

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*

423-281 HELPER *Kevin Ryan*

BULK TRUCK

341 DRIVER *Juan (JWS)*

BULK TRUCK

DRIVER

COMMON	<i>180</i>	@ <i>17.96</i>	<i>3232.80</i>
POZMIX		@	
GEL	<i>83</i>	@ <i>23.40</i>	<i>1938.20</i>
CHLORIDE	<i>8</i>	@ <i>64.00</i>	<i>512.00</i>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>194.40 CF</i>	@ <i>2.40</i>	<i>466.56</i>
MILEAGE	<i>200 x 100/mile</i>	@ <i>8.88</i>	<i>1776.00</i>
			<i>1039.20</i>
TOTAL			<i>5198.22</i>

REMARKS:

Ann City, Circulate, Mid Cement Displace Cement

Shut-in

Cement Add Circulate

Thank You Alan, Kevin, Juan

CHARGE TO: *Shakespeare*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<i>271'</i>		
PUMP TRUCK CHARGE			<i>1512.25</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>45</i>	@ <i>7.24</i>	<i>326.00</i>
MANIFOLD <i>Head</i>		@ <i>4.40</i>	<i>198.00</i>
<i>Water Vehicle</i>	<i>45</i>	@	<i>198.00</i>
		@	
TOTAL			<i>2331.25</i>

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.

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

PRINTED NAME *Sam Stagg*

SIGNATURE *[Signature]*

SALES TAX (If Any) _____

TOTAL CHARGES *7,529.97*

DISCOUNT *1,882.49* IF PAID IN 30 DAYS

5,647.47 Net.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141919
Invoice Date: Mar 14, 2014
Page: 1

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

Bill To:

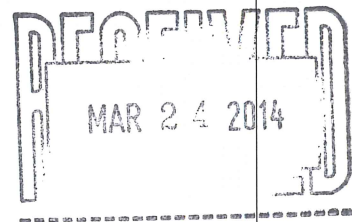
Shakespeare Oil Co., Inc.
202 West Main St.
Salem, IL 62881

Customer ID	Field Ticket #	Payment Terms	
Shak	62857	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	Mar 14, 2014	4/13/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	COG #1-35		
165.00	CEMENT MATERIALS	ASC	20.90	3,448.50
825.00	CEMENT MATERIALS	Kol Seal	0.98	808.50
23.00	CEMENT MATERIALS	Defoamer	9.80	225.40
116.00	CEMENT MATERIALS	CD-31	10.30	1,194.80
500.00	CEMENT MATERIALS	DV-1100	1.27	635.00
214.33	CEMENT SERVICE	Cubic Feet Charge	2.48	531.54
416.70	CEMENT SERVICE	Ton Mileage Charge	2.60	1,083.42
1.00	CEMENT SERVICE	Production Casing ✓	2,765.75	2,765.75
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
1.00	CEMENT SERVICE	Rotating Head Rental	100.00	100.00
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SUPERVISOR	Tim Dickson		
1.00	EQUIPMENT OPERATOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

INT

10802-5
KW



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

\$ 3,019.22

ONLY IF PAID ON OR BEFORE
Apr 8, 2014

Subtotal	11,612.41
Sales Tax	514.44
Total Invoice Amount	12,126.85
Payment/Credit Applied	
TOTAL	12,126.85

DW

ALLIED OIL & GAS SERVICES, LLC 062857

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Mount Ford

DATE <u>3-14-14</u>	SEC. <u>35</u>	TWP. <u>16</u>	RANGE <u>34</u>	CALLED OUT <u>2:30 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START <u>12:30 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>COG</u>	WELL # <u>1-35</u>	LOCATION <u>Pence 2E, 3S, 12W,</u>			COUNTY <u>Scott</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>1/2 E into</u>			

CONTRACTOR Southwind 70 OWNER Same

TYPE OF JOB Production

HOLE SIZE <u>7 7/8</u>	T.D. <u>4850</u>	CEMENT
CASING SIZE <u>5 1/2</u>	DEPTH <u>4846'</u>	AMOUNT ORDERED <u>115.2 Asc. 2% Mol,</u>
TUBING SIZE	DEPTH	<u>10% Salt, 3/4 of 1% CO-2, 5# Release/pl,</u>
DRILL PIPE	DEPTH	<u>Washed, Defoamer 500gal DU-1100</u>
TOOL FOOT <u>Carbon</u>	DEPTH <u>2391'</u>	
PRES. MAX <u>11000</u>	MINIMUM <u>600</u>	
MEAS. LINE	SHOE JOINT <u>42'</u>	
CEMENT LEFT IN CSG. <u>42'</u>		
PERFS.		
DISPLACEMENT <u>114.33</u>		

EQUIPMENT			
PUMP TRUCK	CEMENTER <u>Tom Nathan</u>		
# <u>597</u>	HELPER <u>Key in E. Day</u>		
BULK TRUCK			
# <u>599</u>	DRIVER <u>Maxim W. Ruffin</u>		
BULK TRUCK			
#	DRIVER		

REMARKS:
Run 4846' of 5 1/2" cas. Bark circulation
circulated 1 1/2" - Pumped 5 1/2" H₂O, 12 MB
DU-1100, 15 hrs H₂O. Mixed 135 lbs Asc. 2% Mol 10% Salt 3/4 of 1%
CO-2, 5# Release/pl, 1/2% Surfactant w/ Defoamer,
Washed up Release/pl. Mixed with
H₂O. Loaded 1100 #, Released
and float hold.

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>165</u>	@ <u>20.90</u>	<u>3.448.50</u>	
<u>Kal Seal</u>	<u>825</u>	@ <u>1.98</u>	<u>1638.50</u>
<u>DF</u>	<u>23</u>	@ <u>9.80</u>	<u>225.40</u>
<u>CO-31</u>	<u>116</u>	@ <u>10.30</u>	<u>1194.80</u>
<u>DU-1100</u>	<u>500</u>	@ <u>1.27</u>	<u>635.00</u>
HANDLING <u>214.33</u>	@	<u>2.48</u>	<u>531.53</u>
MILEAGE <u>9.26 x 45 x</u>		<u>2.60</u>	<u>1.083.42</u>
TOTAL			<u>7.927.15</u>

SERVICE

DEPTH OF JOB <u>4846'</u>			
PUMP TRUCK CHARGE		<u>2765.00</u>	
EXTRA FOOTAGE	@		
MILEAGE <u>Hum</u> <u>45</u>	@ <u>7.70</u>	<u>346.50</u>	
MANIFOLD	@ <u>275.00</u>	<u>275.00</u>	
<u>Release/pl Head</u>	@ <u>100.00</u>	<u>100.00</u>	
<u>Hum</u> <u>45</u>	@ <u>4.40</u>	<u>198.00</u>	
TOTAL		<u>3.685.25</u>	

CHARGE TO: Shakespeare

STREET _____

CITY _____ STATE _____ ZIP _____

[Signature]

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 Doug Roberts

SIGNATURE x Doug Roberts

PLUG & FLOAT EQUIPMENT

_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
TOTAL			

SALES TAX (If Any)			
TOTAL CHARGES <u>11.612.40</u>			
DISCOUNT <u>3.019.22</u>			
			PAID IN 30 DAYS
		<u>8.593.18</u>	



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142032

Invoice Date: Mar 19, 2014

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361

Bill To:

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

Customer ID	Field Ticket #	Payment Terms	
Shak	61989	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-04	Oakley	Mar 19, 2014	4/18/14

Quantity	Item	COG Description	Unit Price	Amount
1.00	WELL NAME	Church of God #1-35		
260.00	CEMENT MATERIALS	Class A Common	17.90	4,654.00
140.00	CEMENT MATERIALS	Pozmix	9.35	1,309.00
27.00	CEMENT MATERIALS	Gel	34.60	934.20
6.00	CEMENT MATERIALS	Cottonseed Hulls	35.00	210.00
445.30	CEMENT SERVICE	Cubic Feet Charge	2.48	1,104.34
1,062.50	CEMENT SERVICE	Ton Mileage Charge	2.60	2,762.50
1.00	CEMENT SERVICE	Port Collar ✓	2,483.59	2,483.59
50.00	CEMENT SERVICE	Pump Truck Mileage	7.70	385.00
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	CEMENT SUPERVISOR	Kelly Gabel		
1.00	EQUIPMENT OPERATOR	Wayne Mc Ghghy		

RECEIVED
MAR 31 2014
15000000

INT

10502-5
KW

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

\$ 3,515.65

ONLY IF PAID ON OR BEFORE
Apr 13, 2014

Subtotal	14,062.63
Sales Tax	579.24
Total Invoice Amount	14,641.87
Payment/Credit Applied	
TOTAL	14,641.87

DW

ALLIED OIL & GAS SERVICES, LLC 061989

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley, KS

DATE <u>3-19-14</u>	SEC. <u>35</u>	TWP. <u>16^s</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30AM</u>	JOB FINISH <u>11:00AM</u>
LEASE <u>Church of God</u>	WELL # <u>1-35</u>		LOCATION <u>Pense E to Eagle Rd 5th</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			RD <u>240 1/2 W N & E into</u>				

CONTRACTOR WPA West Well Serv. OWNER same

TYPE OF JOB Port collar

HOLE SIZE	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH
TUBING SIZE <u>2 3/8</u>	DEPTH <u>2392</u>
DRILL PIPE	DEPTH
TOOL <u>Port collar</u>	DEPTH <u>2392</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>8.32</u>	

EQUIPMENT

PUMP TRUCK # <u>422</u>	CEMENTER <u>Kelly Rabel</u>
BULK TRUCK # <u>818287</u>	HELPER <u>Wayne McGibby</u>
BULK TRUCK # _____	DRIVER <u>Juan M (TWS)</u>
BULK TRUCK # _____	DRIVER _____

REMARKS:

rigged up
pressured tool
opened tool & checked flow
mixed cement
pressured tool
reversed out, rigged down
Cement did circulate
Thank You
Kelly + crew

CHARGE TO: Shakespeare
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 _____
SIGNATURE [Signature]

CEMENT

AMOUNT ORDERED	<u>500 SKS 65/35 202</u>
<u>8% gel 1/4" Flow-seal</u>	
<u>1000# HULLS</u>	

COMMON	<u>260SKS @ 17.90</u>	<u>4654.00</u>
POZMIX	<u>140SKS @ 9.35</u>	<u>1309.00</u>
GEL	<u>27SKS @ 34.60</u>	<u>934.20</u>
CHLORIDE	@	
ASC	@	
<u>Cottonseed HULLS</u>	<u>85.00</u>	<u>210.00</u>
@		
@		
@		
@		
@		
@		

HANDLING <u>445.3 c&ft</u>	@ <u>2.50</u>	<u>1109.25</u>
MILEAGE <u>21.25 ton x 50 x 2</u>	<u>50</u>	<u>2762.50</u>
TOTAL		<u>10,974.94</u>

SERVICE

DEPTH OF JOB	<u>2392</u>
PUMP TRUCK CHARGE	<u>2483.39</u>
EXTRA FOOTAGE	@
MILEAGE <u>M.H.V 50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD	@
<u>M.L.V 50</u>	@ <u>440</u> <u>220.00</u>
@	

TOTAL 3088.59

PLUG & FLOAT EQUIPMENT

@	
@	
@	
@	
@	

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES 14,062.63

DISCOUNT 3,515.65 IF PAID IN 30 DAYS

10,546.97 Net.

GEOLOGIST'S REPORT

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: COG #1-35
API: 15-171-21034-00-00
Location: 1630 FSL & 2080 FEL OF SECTION 35 T16S R34W
License Number: KCC #7311
Spud Date: 3/4/2014
Surface Coordinates: 1630' FSL & 2080' FEL OF SECTION 35 T16S R34W
Region: SCOTT COUNTY
Drilling Completed: 3/14/2014

Bottom Hole VERTICAL TEST
Coordinates:
Ground Elevation (ft): 3110
Logged Interval (ft): 3750 To: TD
Formation: MISSISSIPPIAN
Type of Drilling Fluid: GEL
K.B. Elevation (ft): 3122
Total Depth (ft): 4850

Printed by STRIP.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: SHAKESPEARE OIL COMPANY, INC.
Address: 202 WEST MAIN STREET
SALEM, IL
62881

GEOLOGIST


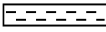

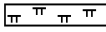
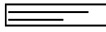
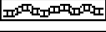




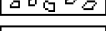


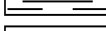

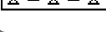
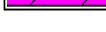

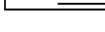
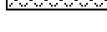
Name: MARK W. HERNDON
Company: TRC
Address: P.O. BOX 5958
NORMAN, OK
73070

Cores

DSTs

Comments

ROCK TYPES

	Anhy		Clyst		Gyp		Mrlst		Shgy
	Bent		Coal		Igne		Salt		Sltst
	Brec		Congl		Lmst		Shale		Ss
	Cht		Dol		Meta		Shcol		Till

ACCESSORIES

MINERAL

- Anhy
- Arggrn
- Arg
- Bent
- Bit
- Breclrag
- Calc
- Carb
- Chtdk
- Chtlt
- Dol
- Feldspar
- Ferrpel
- Ferr
- Glau

- Gyp
- Hvymin
- Kaol
- Marl
- Minxl
- Nodule
- Phos
- Pyr
- Salt
- Sandy
- Silt
- Sil
- Sulphur
- Tuff

FOSSIL

- Algae
- Amph
- Belm
- Bioclst
- Brach
- Bryozoa
- Cephal
- Coral
- Crin
- Echin
- Fish
- Foram
- Fossil
- Gastro
- Oolite

- Ostra
- Pelec
- Pellet
- Pisolite
- Plant
- Strom

STRINGER

- Anhy
- Arg
- Bent
- Coal
- Dol
- Gyp
- Ls
- Mrst

- Sltstrg
- Ssstrg

TEXTURE

- Boundst
- Chalky
- Cryxln
- Earthy
- Finexln
- Grainst
- Lithogr
- Microxln
- Mudst
- Packst
- Wackest

OTHER SYMBOLS

POROSITY

- Earthy
- Fenest
- Fracture
- Inter
- Moldic
- Organic
- Pinpoint

- Vuggy

SORTING

- Well
- Moderate
- Poor

ROUNDING

- Rounded
- Subrnd
- Subang
- Angular

- Spotted
- Ques
- Dead

INTERVAL

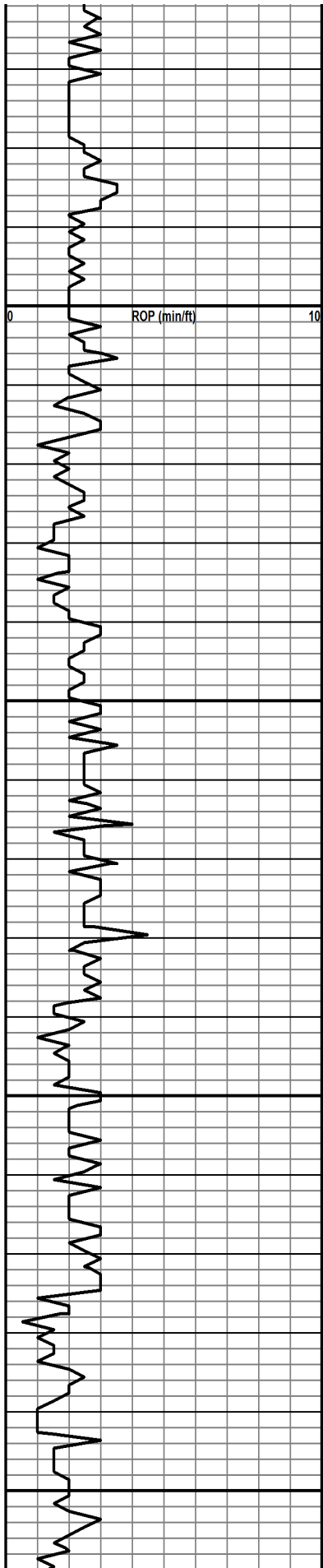
- Core
- Dst

EVENT

- Rft
- Sidewall

- OIL SHOW
- Even

Curve Track 1 ROP (min/ft)		Depth	Lithology	Oil Shows	Geological Descriptions	REMARKS
0	ROP (min/ft)	10	3750			

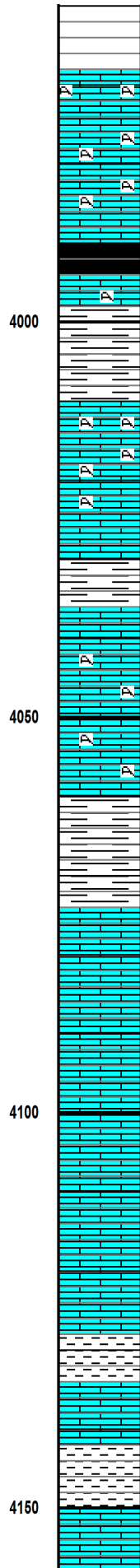
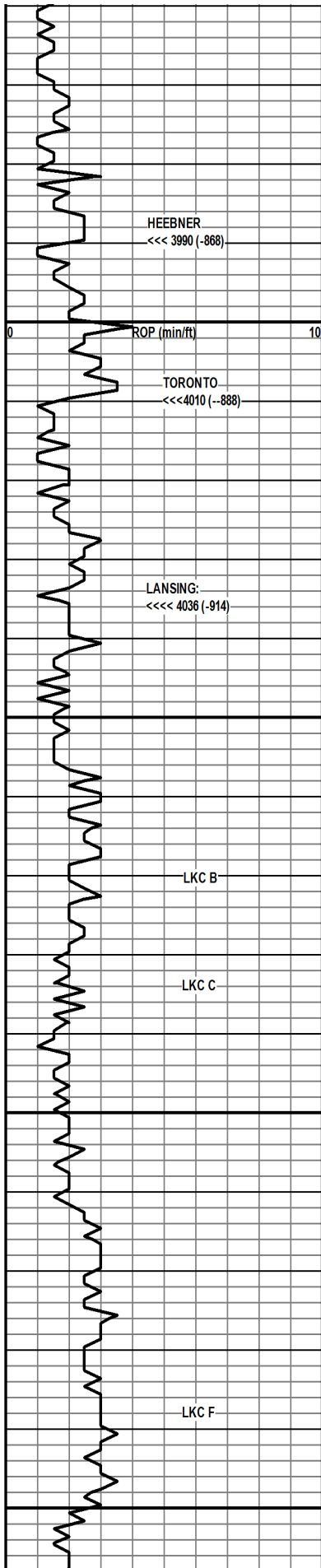


3800

3850

3900

3950



LS: WH TO LT GRY, DNSE, FOS, WL CMNTD, NVP, NS

SHALE: BLACK, CARB

LS: CRMY TO LT TAN, FOS, WL CMNTD, NVP, NS

SHALE: GRY, BLKY

D

LS: WH TO LT TAN, CHLKY, DNSE, FOS, OCC PP VGY POR, SS DEAD OIL

LS: WH TO LT TAN, MED XTLN, DNSE, FOS, WL CMNTD, VRY POOR PP POR, NS

SH: GRY TO DRK GRY

LS: CRMY TO LT TAN, FN XTLN, FOS, OCC V PR PP POR

D

LS: CRMY TO LT TAN, XTLN, FOS, POOR PP VGY POR, VRY SPTY DEAD O STN, NO FLOUR.

LS: CRMY TO LT TAN, FN XTLN, OCC FOS, NVP, NS

SH: GRY TO DRK GRY

D

LS: CRMY TO TAN, MED XTLN, FOS, WL CMNTD MTRX, FR PP POR W SPTY DEAD O STN, NO FLOUR

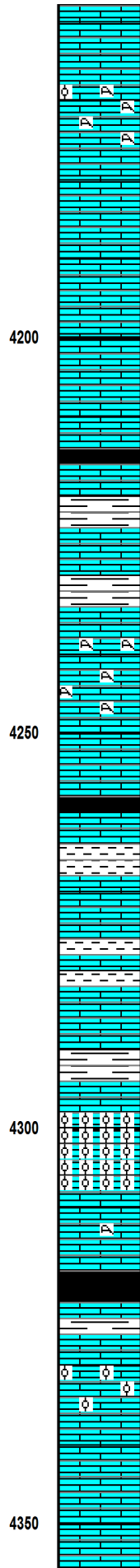
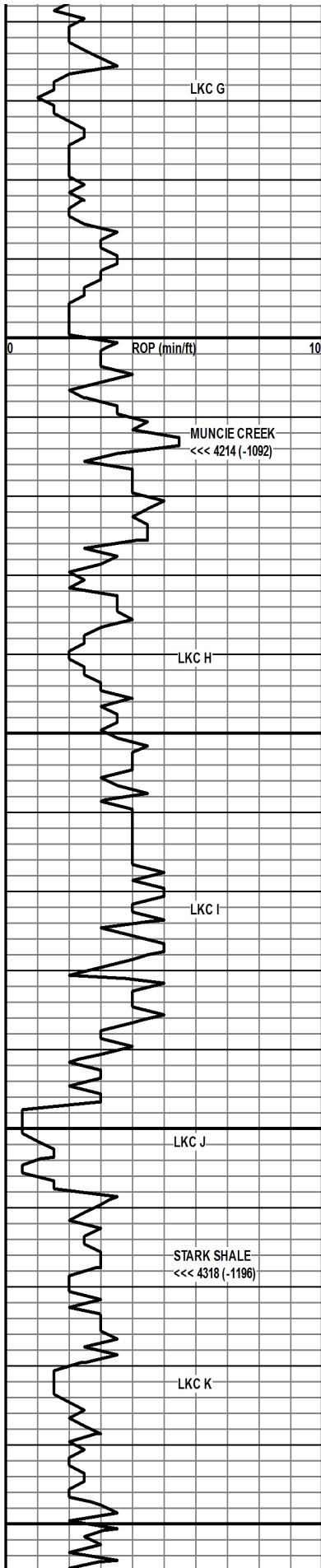
LS: CRMY TO TAN, MED XTLN, OCC FOS IN WL CMNTD MTRX, OCC OIDS, VRY SPTY PP POR, NS

LS: CRMY TO LT TAN, FN XTLN, DNSE, NVP, NS

LS: LT TAN TO GRY, DNSE, FN XTLN, NVP, NS

D

LS: CRMY TO LT TAN, MED XTLN, PR INTR XTLN POR, OCC PP VGY POR, OCC LOS, YLW FLOUR, SLW STRMNG CUT



LS: LT GRAY TO LT TAN, MED XTLN, FOS, OCC OOID, FR INTR XTLN POR, SPTY DOS NO FLOUR.

LS: CRMY TO LT TAN, DNSE, WL CMNTD, NVP, NS

LS: CRMY TO LT GRAY, DNSE, FN XTLN, NVP, NS

SHALE: BLACK

LS: CRMY TO LT GRAY FN XTLN, CHKY, FOS W OCC OIDS IN WL CMNTD MTRX, PR XTLN PP POR, VRY SPTY DOS, NS

LS: CRMY TO LT GRAY, FN XTLN, DNSE, NVP, NS

SH: GRAY

LS: LT TAN TO GRAY, FN XTLN, DNSE, OCC FOS, WL CMNTD, NVP, NS

LS: CRMY TO LT TAN, FN XTLN, DNSE, NVP, NS

LS: WH, FN XTLN, EXC OOMOLDIC POR, NS

LS: CRMY TO LT TAN, FN XTLN, OCC FOS

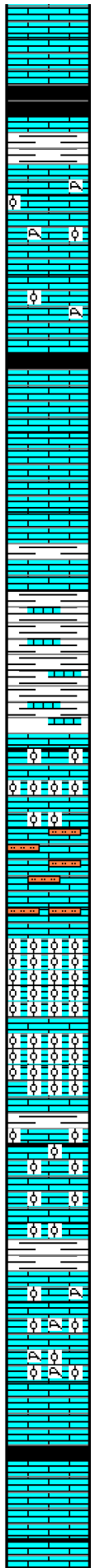
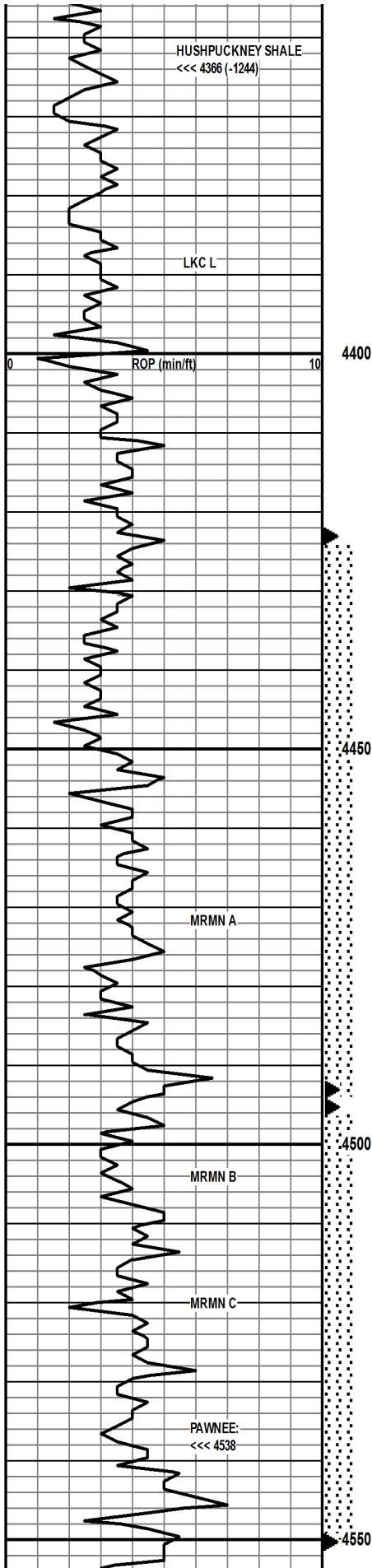
SHALE: BLACK, CARB, BLKY

LS: CRMY TO TAN, MED XTLN, FOS IN WL CMNTD MTRX, NVP, NS

LS: CRMY TO LT TAN, MD XTLN, FR AMNT WH OOMOLDIC POR NS

LS: CRMY TO LT TAN, MED XTLN, OCC PC W OOMOLDIC POR

LS: CRMY TO LT TAN, FN TO MED XTLN, OCC FOS FRAG, WL CMNTD, NVP, NS



LS: LT TAN TO GRY, XTLN, DNSE, NVP, NS

SHALE: BLACK, CARB, BLKY

LS: CRYMY TO LT GRY, FN XTLN, FOS FRAGS & OOLIDS IN WL CMNTD MTRX NVP, NS

LS: AAB

SHALE: BLACK, BLKY

LS: CRMY TO LT TAN, CHLKY, DNSE, NVP, NS

LS: CRMY TO LT TAN, DNSE, NVP, NS

SH: DRK GRY W/ LT TAN LS, DNSE, NVP, NS

LS: CRMY TO LT TAN, NUM PCS WL CMNTD OOLITE. TWO PCS W CRS INTXLN VGY POR WLOS, YLW FLOUR, INST STRMNG CUT.

LS: LT TAN TO DRK GRY, DNSE, OCC FOS, OCC OOID. NVP. W ABNDT LT TO DRK GRY SILTSTN NS

LS: LT TAN TO GRY, ABRUPT CHANGE TO OOLITE GRNSTN. SEVERAL PCS W GD OOL AND FOS FRAG POR. DULL YLW FLOUR, INST STRMNG CUT

LS: LT TAN, MED GRN, WL SRTD OOLITE, VRY WL CMNTD, V PR PP POR, 2 PIECES W SPARRY CALCITE & GD INTXLN POR, LT BRN LOS, DULL YLW FLOUR, INSTNT STRMNG CUT

LS: LT TAN, OOLITIC, MST VRY WL CMNTD W NVP. 1 PIECE W VRY PR PP POR, WK YLW FLOUR, WK MLKY CUT

LS: CRMY TO LT TAN, MED GRN OOL IN WL CMNTD MTRX, NVP, NS

LS: FOS & OOL WFR AMNT DRK GRY SH. MOST LS XTLN, DNSE, WL CMNTD, 2 PCS WFR VIS XTLN POR, BRT YLW FLOUR, INST STRMNG CUT.

LS: CHLKY TO LT TAN, MED XTLN, FOS, OOL, 2 PIECES WFR XTLN VGY POR IN CRSE SPARRY CALCITE, LT BRN LOS, YLW FLOUR, INST STRMNG CUT

LS: CHLKY TO LT BRN, DNSE, OCC FOS, NVP, NS

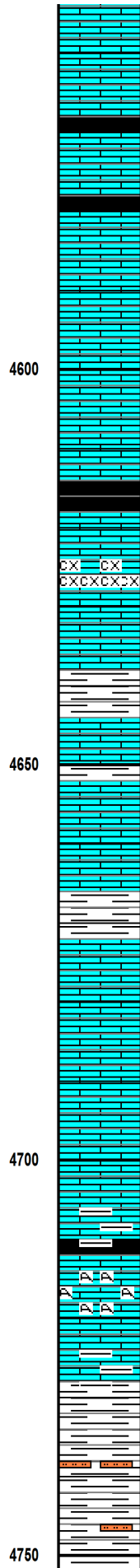
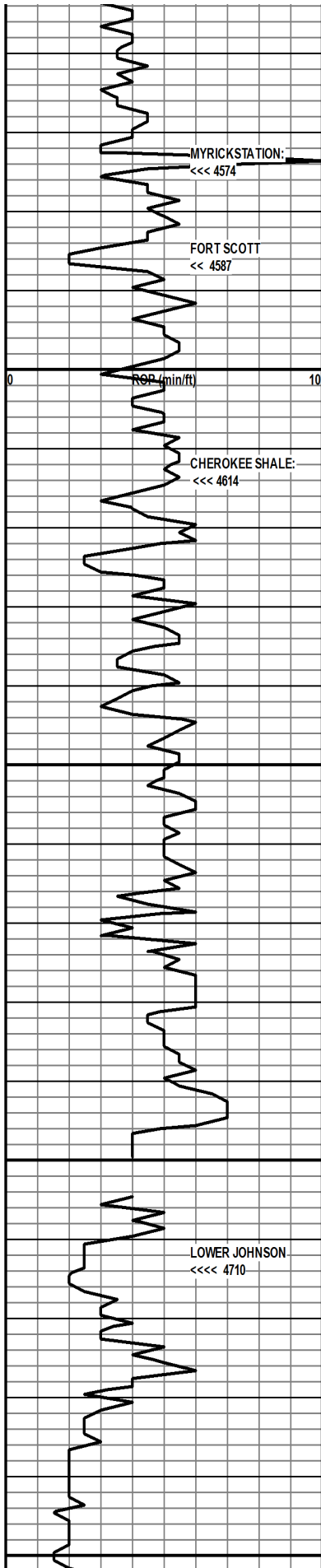
LS & BLACK SH: LS IS LT TAN, DNSE NVP, NS. SH IS DRK GRY TO BLACK

LS: CHLKY TO LT TAN. DNSE. NVP. ABND BRT

DST #1: 4423-4493
MARMATON "A"
20-30-45-90
IF: BOB IN 13 MINUTES. NO RETURN
FF: BOB IN 10 MINS. NO RETURN
REC: 209 FT CGO
53 FT GMCO
HP: 2154-2145
IF: 21-71 FF: 77-138
SIP: 1153-1180

DST #2: 4493-4550
MARMATON "B" & "C"
30-30-30-30
IF: WK BLW DIED
FF: NO BLOW
RECOVERY: 20 FT MUD W OIL SPECKS
HP: 2252-2161
IF: 17-19 FF: 17-19
SIP: 33-31

NOTE: SURVEY
2 DEGREES



MIN FLOUR, NS

LS: CRMY TO GRY, DNSE, NVP, ABND BRT YLW
MIN FLOUR, NS

SHALE: BLACK

LS: LT TAN TO GRY, DNSE, OCC FOS, WL CMNTD,
1 PIECE WV PR VGY POR, LT BRN LOS, SLW
STRMNG CUT

SHALE: BLACK

LS: CRMY TO DK BRN, MD XTLN, SCTRD W
CMNTD OIDS, VRY PR INTXLN POR, NS

LS: AAB. 1 PIECE WVRY PR VGY POR, LT BRN
LOS, YLW FLOUR, INST STRMNG CUT, 99% TITE

LS: CRMY TO LT TAN, MSTLY DNSE, NVP. OCC
PIECES OF MED TO CRSE SPARRY CALCITE W
LOS, FR TO PR VIS POR, BRT YLW FLOUR, SLW
STRMNG CUT

SHALE: BLACK

LS: CHLKY WH, FN XTLN, SM PR INTXLN POR, NS

SHALE: GRY AND BLACK

LS: LT TAN TO DRK GRY, DNSE, OCC WL CMNTD
OIDS, NVP, NS

LS: CHLKY TO LT GRY, VN XTLN, OCC FOS FRAG,
WL CMNTD, NVP, NS

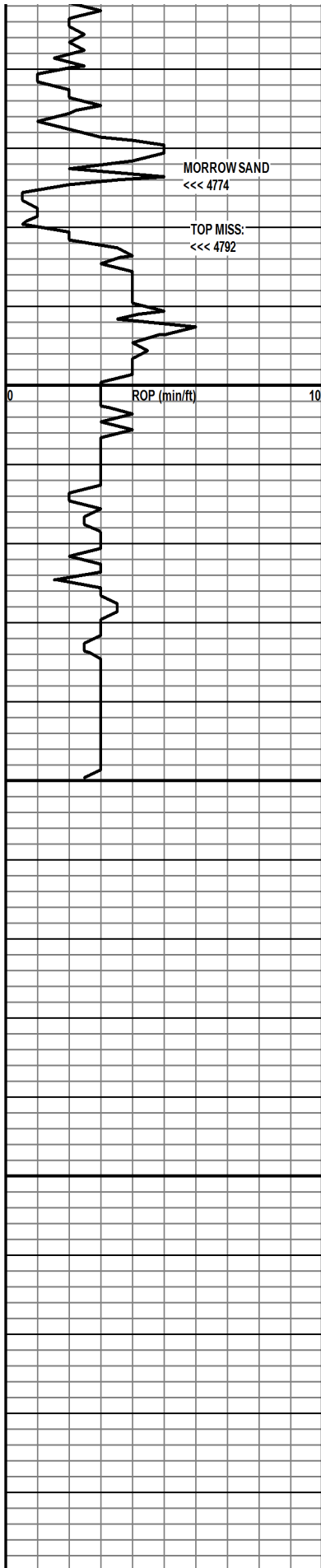
LS: CHLKY TO GRY, DNSE, OCC FOS, NVP, NS

LS: CHLKY TO LT GRY, DNSE, OCC FOS, NVP, NS

SHALE: BLACK

LS: CRMY TO LT TAN, DNSE, FOS, RARE, LRG,
FOS MOLDIC POR WGD SH DK BRN FREE OIL,
DULL YLW FLOUR, GD STRMNG CUT

SHALE: MSTLY GRN AND RED, OCC DK GRY
SILTSTONE



4800

4850

4900

4950



SHALE: AAB

SHALE: MSTLY GRN, OCC DK RED AND BRWN, FISSILE

SS: WH, VRY FN GRN, WL SRTD, RNDED, WL CMNTD WITH CALCITE CMNT, OCC GLAUC, NVP, LOOKS TITE, NS

LS: LT TAN, DNSE, NVP, NS

LS: LT TAN, DNS, NVP, NS

LS: LT TAN, DNS, NVP, NS

LS: LT TAN, DNS, NVP, NS

4860 RTD
4847 LTD



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.

35-16s-34w-Scott Co. KS

202 W. Main St.
Salem, IL 62881

COG #1-35

Job Ticket: 55725

DST#: 1

ATTN: Mark W. Herndon

Test Start: 2014.03.10 @ 23:04:00

GENERAL INFORMATION:

Formation: **Marmaton 'A'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:38:30

Time Test Ended: 09:29:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Cornelio Landa III

Unit No: 71

Interval: 4423.00 ft (KB) To 4493.00 ft (KB) (TVD)

Reference Elevations: 3122.00 ft (KB)

Total Depth: 4493.00 ft (KB) (TVD)

3110.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8845 Outside

Press@RunDepth: 138.34 psig @ 4425.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.03.10

End Date:

2014.03.11

Last Calib.:

2014.03.11

Start Time: 23:04:05

End Time:

09:29:45

Time On Btm:

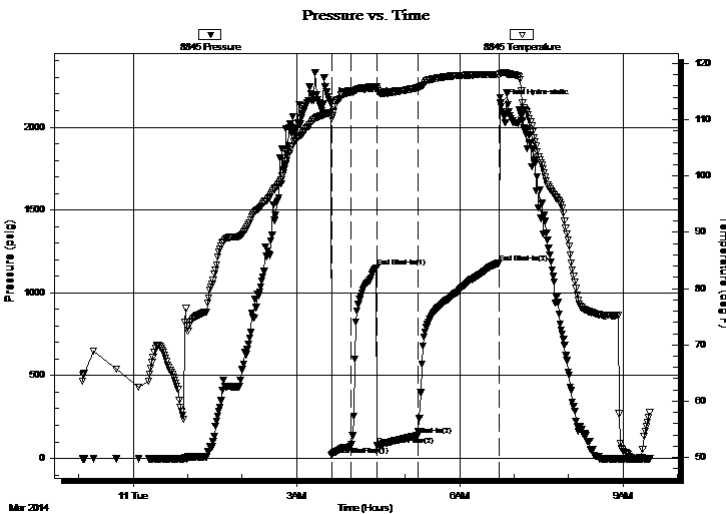
2014.03.11 @ 03:38:15

Time Off Btm:

2014.03.11 @ 06:45:00

TEST COMMENT: IF: B.o.b. in 13 1/2 min.
IS: Bled off in 2 min.-No return
FF: B.o.b. in 10 min.
FS: Bled off in 2 mi.-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2154.27	111.31	Initial Hydro-static
1	20.68	110.30	Open To Flow (1)
22	71.14	114.92	Shut-In(1)
50	1153.65	115.86	End Shut-In(1)
51	77.38	115.45	Open To Flow (2)
96	138.34	115.70	Shut-In(2)
185	1180.10	117.96	End Shut-In(2)
187	2145.07	118.21	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
73.00	Cgo 20g 80o	1.02
63.00	Cgo 40g 60o	0.88
73.00	Cgo 50g 50o	1.02
53.00	G & Mco 20g 30m 50o	0.74
0.00	Gravity=34	0.00

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co. Inc.

35-16s-34w-Scott Co. KS

202 W. Main St.
Salem, IL 62881

COG #1-35

Job Ticket: 55725

DST#: 1

ATTN: Mark W. Herndon

Test Start: 2014.03.10 @ 23:04:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

34 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
73.00	Cgo 20g 80o	1.024
63.00	Cgo 40g 60o	0.884
73.00	Cgo 50g 50o	1.024
53.00	G & Mco 20g 30m 50o	0.743
0.00	Gravity=34	0.000

Total Length: 262.00 ft

Total Volume: 3.675 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

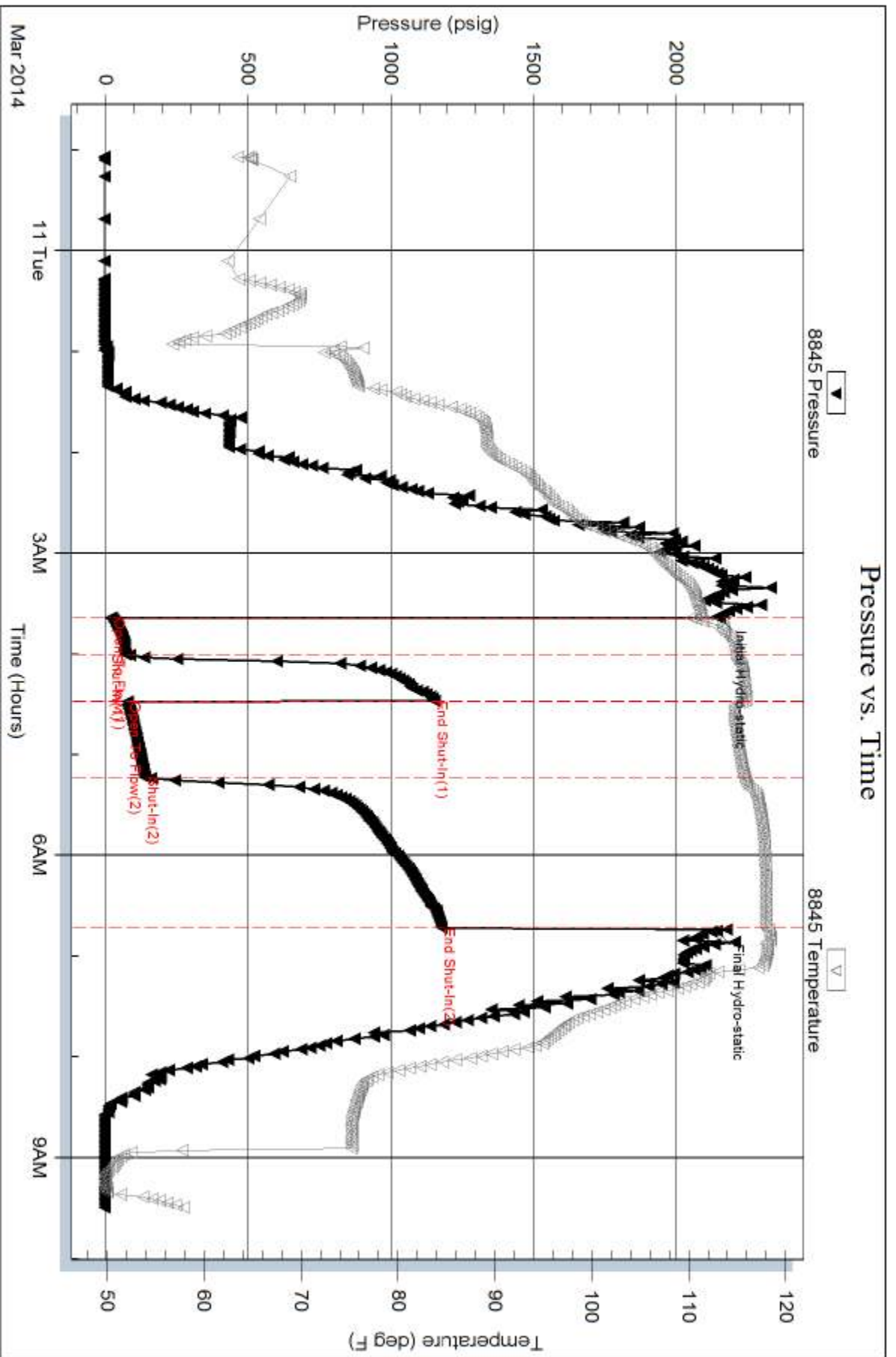
Recovery Comments:

Serial #: 8845

Outside Shakespeare Oil Co. Inc.

COG #1-35

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 55725

Printed: 2014.03.11 @ 10:08:38



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.

35-16s-34w-Scott Co. KS

202 W. Main St.
Salem, IL 62881

COG #1-35

Job Ticket: 56501

DST#: 2

ATTN: Mark W. Herndon

Test Start: 2014.03.11 @ 21:46:00

GENERAL INFORMATION:

Formation: **Marmaton 'B & C'**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:36:00
 Time Test Ended: 05:23:00
 Interval: **4493.00 ft (KB) To 4550.00 ft (KB) (TVD)**
 Total Depth: 4550.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Cornelio Landa III
 Unit No: 71
 Reference Elevations: 3122.00 ft (KB)
 3110.00 ft (CF)
 KB to GR/CF: 12.00 ft

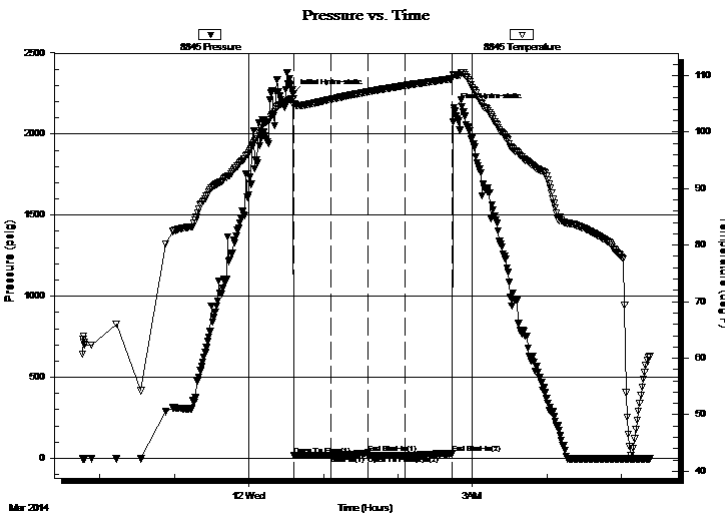
Serial #: 8845

Outside

Press@RunDepth: 19.28 psig @ 4495.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.03.11 End Date: 2014.03.12 Last Calib.: 2014.03.12
 Start Time: 21:46:05 End Time: 05:22:59 Time On Btm: 2014.03.12 @ 00:35:45
 Time Off Btm: 2014.03.12 @ 02:45:15

TEST COMMENT: IF: Weak surface blow off & on-Died in 10 min.
 IS: No return
 FF: No blow
 FS: No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2251.90	105.90	Initial Hydro-static
1	17.49	104.63	Open To Flow (1)
30	19.49	105.77	Shut-In(1)
61	33.47	107.11	End Shut-In(1)
61	17.30	107.12	Open To Flow (2)
91	19.28	108.23	Shut-In(2)
128	30.78	109.41	End Shut-In(2)
130	2161.19	110.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud 100m w /oil specs	0.28

* 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 Co. Inc.

35-16s-34w-Scott Co. KS

202 W. Main St.
Salem, IL 62881

COG #1-35

Job Ticket: 56501

DST#: 2

ATTN: Mark W. Herndon

Test Start: 2014.03.11 @ 21:46:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length: ft

Water Salinity: ppm

Viscosity: 58.00 sec/qt

Cushion Volume: bbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure: psig

Salinity: 6000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud 100m w/oil specs	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

