



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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 _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ 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: _____

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	Carson 3-25
Doc ID	1217627

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Microlog
Sonic

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	Carson 3-25
Doc ID	1217627

Tops

Name	Top	Datum
Base Anhydrite	2454	+660
Heebner	3984	-870
Lansing	4025	-911
Muncie Creek	4210	-1096
Stark Shale	4308	-1194
Hushpuckney	4354	-1240
Pawnee	4530	-1416
L. Cherokee Shale	4611	-1497
Johnson	4656	-1542
Mississippian	4778	-1664



PO Box 93999
Southlake, TX 76092

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

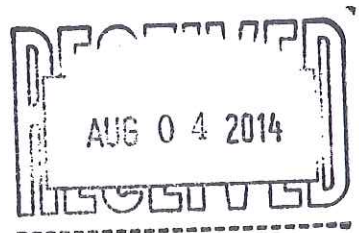
INVOICE

Invoice Number: 144459
Invoice Date: Jul 13, 2014
Page: 1

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

Customer ID	Field Ticket #	Payment Terms	
Shak	63327	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-09	Oakley	May 30, 2014	8/12/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	<u>Carson #3-25</u>		
100.00	CEMENT MATERIALS	Class A Common	17.90	1,790.00
4.00	CEMENT MATERIALS	Chloride	64.00	256.00
103.40	CEMENT SERVICE	Cubic Feet Charge	2.48	256.43
216.00	CEMENT SERVICE	Ton Mileage Charge	2.60	561.60
1.00	CEMENT SERVICE	1" Cement to Surface		
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	EQUIPMENT OPERATOR	Kevin Ryan		
1.00	OPERATOR ASSISTANT	Brandon Wilkinson		



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

\$ 716.00

ONLY IF PAID ON OR BEFORE
Aug 12, 2014

Subtotal	2,864.03
Sales Tax	166.75
Total Invoice Amount	3,030.78
Payment/Credit Applied	
TOTAL	3,030.78

ALLIED OIL & GAS SERVICES, LLC 063327

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakota, KY

DATE <u>5/30/14</u>	SEC. <u>25</u>	TWP. <u>16</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00A</u>	JOB FINISH <u>5:30A</u>
LEASE <u>Carson</u>	WELL# <u>325</u>		LOCATION <u>Pence Eto Church 25 Eto</u>		COUNTY <u>6107</u>	STATE <u>KY</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Southwind 70

TYPE OF JOB 1" Cement to Surface

HOLE SIZE 17 1/4 T.D. 265'

CASING SIZE P518 DEPTH 265'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER Sam

CEMENT AMOUNT ORDERED 100SK 390CC

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

483-281 HELPER Kevin Ryan

BULK TRUCK

323 DRIVER Jason T (TWS)

BULK TRUCK

891 DRIVER Brandon Williams

COMMON	<u>100</u>	@ <u>17.80</u>	<u>1790.00</u>
POZMIX		@	
GEL		@	
CHLORIDE	<u>4#</u>	@ <u>64.00</u>	<u>256.00</u>
ASC		@	
	<u>McVened Test</u>	@ <u>20.00</u>	<u>200.00</u>
	<u>211.50/25%</u>	@	
		@	
		@	
		@	
HANDLING	<u>1084 CF</u>	@ <u>2.48</u>	<u>266.83</u>
MILEAGE	<u>40 miles</u>	@ <u>1.40</u>	<u>56.00</u>
TOTAL			

REMARKS:
On 60' 1" pipe, circulate cement to surface.

Handwritten Signature
Alan Ryan, Jason T, Brandon

CHARGE TO: Shakespeare

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

@ _____

(201.50/25%)

TOTAL 212.03

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cement 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 Sam

SIGNATURE _____

SALES TAX (If Any) _____

TOTAL CHARGES 2,761.03

DISCOUNT 710.00 (25%) IF PAID IN 30 DAYS

2,051.03 Net

Summary of Changes

Lease Name and Number: Carson 3-25

API/Permit #: 15-171-21064-00-00

Doc ID: 1217627

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		4% CaCl2
Approved Date	07/17/2014	08/07/2014
CementingDepth2_PDF	-	265-0
CementingDepthBase2		0
CementingDepthTop2		265
Number Of Sacks Used for Cementing / Squeezing- Line 2		100
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1214562	../../../../kcc/detail/operatorEditDetail.cfm?docID=1217627
Type Of Cement Used for Cementing / Squeezing - Line 2		Class A

Summary of Attachments

Lease Name and Number: Carson 3-25

API: 15-171-21064-00-00

Doc ID: 1217627

Correction Number: 1

Attachment Name

Cement ticket



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214562
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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: _____

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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

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Lease Name: _____ Well #: _____

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feet depth to: _____ w/ _____ sx cmt.

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(Data must be collected from the Reserve Pit)

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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: _____