

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs 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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	HOVEY 1-24
Doc ID	1454827

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Microlog

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	HOVEY 1-24
Doc ID	1454827

Tops

Name	Top	Datum
Base Anhydrite	2502	+685
Heebner	4009	-822
Lansing	4052	-865
Muncie Creek	4240	-1053
Stark Shale	4336	-1149
Hushpuckney	4383	-1196
Pawnee	4555	-1368
L. Cherokee Shale	4638	-1451
Johnson	4688	-1501
Morrow Shale	4767	-1580
Mississippian	4842	-1655

SWIFT



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
2/13/2019	32079

BILL TO
Shakespeare Oil Company, Inc 202 West Main Street Salem, IL 62881

- Acidizing
- Cement
- Tool Rental

INT

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-24	Hovey	Wichita	Southwind	Oil	Development	Cement Surface ...	Blaine

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way	80	Miles	5.00	400.00
576D-S	Pump Charge - Shallow Surface (< 500 Ft.)	1	Job	875.00	875.00
325	Standard Cement	165	Sacks	13.00	2,145.00T
279	Bentonite Gel	3	Sack(s)	30.00	90.00T
278	Calcium Chloride	8	Sack(s)	40.00	320.00T
276	Flocele	50	Lb(s)	2.50	125.00T
290	D-Air	1	Gallon(s)	42.00	42.00T
581D	Service Charge Cement	165	Sacks	1.75	288.75
583D	Drayage	648.4	Ton Miles	0.85	551.14
	Subtotal				4,836.89
	Sales Tax Wichita County			8.50%	231.37

RECEIVED
FEB 19 2019

*502-5
DH*

We Appreciate Your Business!

Total

\$5,068.26

DW



TICKET 032079

CHARGE TO: Shakespeare
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS Neos City, KS
 WELL/PROJECT NO. 1-24 LEASE Hovey COUNTY/PARISH WICHITA STATE KS CITY Pence DATE 13 Feb 19 OWNER
 TICKET TYPE SERVICE SALES CONTRACTOR SOUTHWIND RIG NAME/NO. location SHIPPED VIA CT DELIVERED TO location ORDER NO.
 WELL TYPE oil WELL CATEGORY Development JOB PURPOSE cement slurry pipe pipe WELL PERMIT NO. WELL LOCATION 24-16-35
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT			U/M	U/M	QTY.	U/M	
575				TRX 114	80	EA		875	EA	420.00
5765				ump charge	1	EA		875	EA	875.00
325				Standard cement	165	SK		13.00	SK	2145.00
279				brinkite gel	300	LB		30.00	SK	900.00
278				Calcium chloride	350	LB		40.00	SK	3200.00
276				Flare	50	LB		2.50	LB	125.00
290				PAIR	1	EA		42.00	EA	42.00
461				sewer charge	165	SK		1.75	SK	288.75
483				Dayage	16210	LB		0.85	TN	55114

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			

ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 4836.89
 TOTAL 5068.26

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR

APPROVAL

[Signature]

Thank You!

GLOBAL OIL FIELD SERVICES, LLC

24 S. Lincoln
RUSSELL, KS 67665

Invoice

Date	Invoice #
3/4/2019	0013391

Bill To
SHAKESPEARE OIL COMPANY INC 202 W MAIN SALEM,IL 62881

INT

P.O. No.	Terms	Project
HOVEY#1-24	Due on receipt	

Quantity	Description	Rate	Amount
300	60/40 POZMIX CEMENT	13.75	4,125.00
11	BENTONITE GEL	30.00	330.00
75	FLO-SEAL	2.00	150.00
311	HANDLING	1.90	590.90
	BULK MILEAGE	1,500.00	1,500.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	850.00	850.00
55	HEAVY EQUIPMENT. ONE WAY	6.50	357.50
55	LMV- ONE WAY	2.75	151.25
	15% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE		0.00
	RUSSELL CO SALES TAX	8.50%	0.00

RECEIVED
MAR 08 2019

*502-17
DH*

Thank you for your business.

Phone #	Fax #
785-445-3525	785-445-3526

Total \$8,054.65

DW



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co, Inc

24/16/35 Wichita, KS

202 W Main St
Salem, IL 62881

Hovey 1-24

Job Ticket: 64067

DST#: 1

ATTN: Toby Eck

Test Start: 2019.02.20 @ 17:28:00

GENERAL INFORMATION:

Formation: **Marmaton**

Deviated: No Whipstock: 3187.00 ft (KB)

Time Tool Opened: 21:07:25

Time Test Ended: 01:23:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Hagman

Unit No: 75

Interval: 4492.00 ft (KB) To 4520.00 ft (KB) (TVD)

Reference Elevations: 3187.00 ft (KB)

Total Depth: 4520.00 ft (KB) (TVD)

3177.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8289

Inside

Press@RunDepth: 20.04 psig @ 4494.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.02.20

End Date:

2019.02.21

Last Calib.: 1899.12.30

Start Time: 17:28:02

End Time:

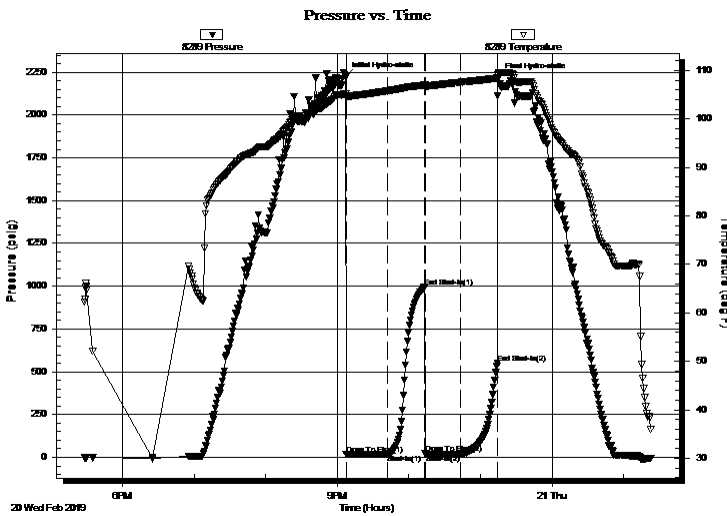
01:23:15

Time On Btm: 2019.02.20 @ 21:07:05

Time Off Btm: 2019.02.20 @ 23:15:05

TEST COMMENT: IF: Weak surface blow, 1.24 inches
IS: No blow back
FF: Weak surface blow, .5 inches
FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2223.98	105.23	Initial Hydro-static
1	18.25	104.50	Open To Flow (1)
35	19.04	105.83	Shut-In(1)
67	996.98	106.96	End Shut-In(1)
67	20.89	106.62	Open To Flow (2)
97	20.04	107.57	Shut-In(2)
128	551.98	108.44	End Shut-In(2)
129	2219.32	109.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	oily mud 20%O, 80%M	0.07
3.00	oil 100%O	0.04

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co, Inc

24/16/35 Wichita, KS

202 W Main St
Salem, IL 62881

Hovey 1-24

Job Ticket: 64067

DST#: 1

ATTN: Toby Eck

Test Start: 2019.02.20 @ 17:28:00

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: 57.00 sec/qt

Cushion Volume: bbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure: psig

Salinity: 3800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	oily mud 20%O, 80%M	0.070
3.00	oil 100%O	0.042

Total Length: 8.00 ft Total Volume: 0.112 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

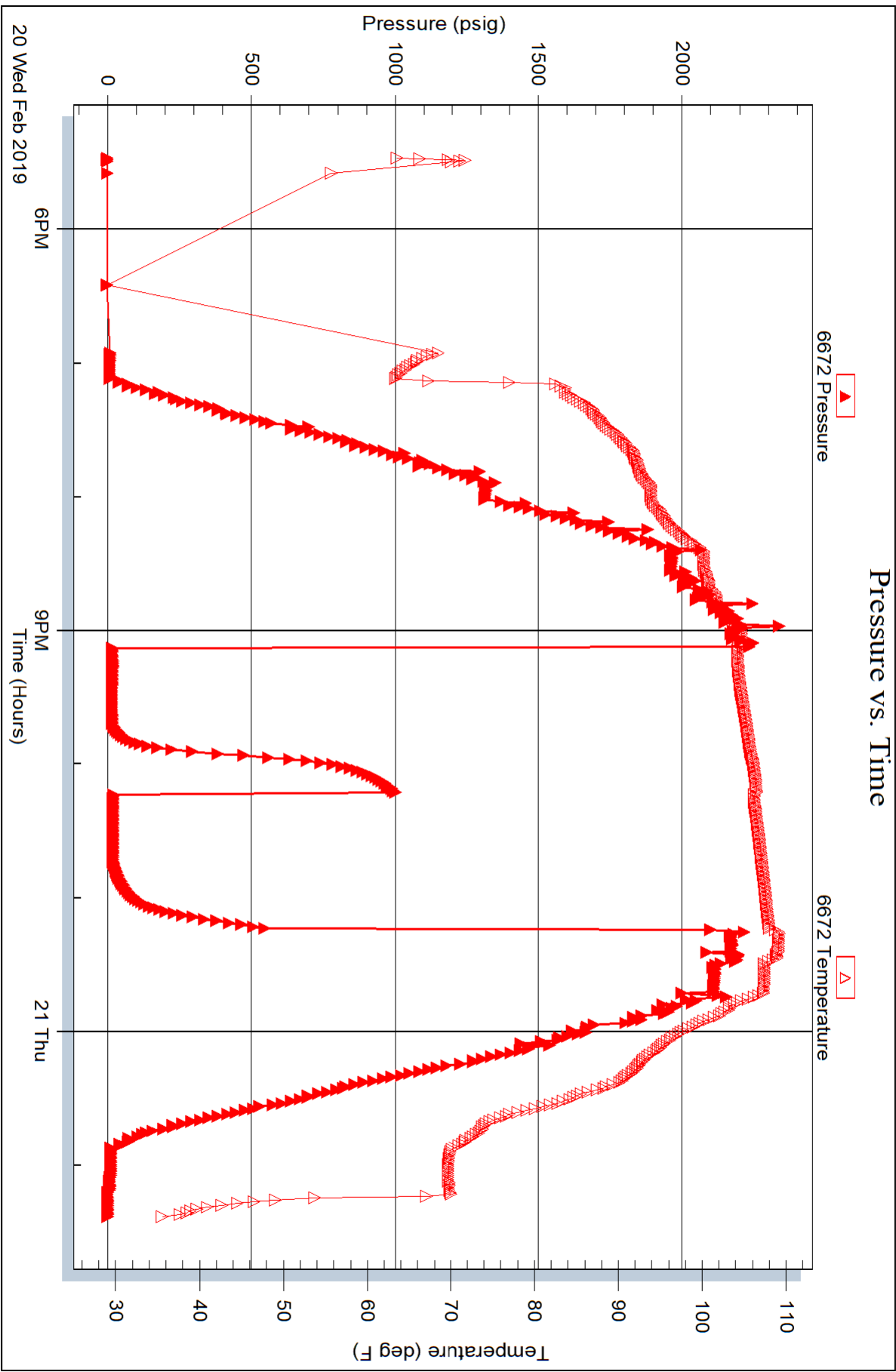
Recovery Comments:

Serial #: 6672

Outside Shakespeare Oil Co, Inc

Hovey 1-24

DST Test Number: 1





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co, Inc

24/16/35 Wichita, KS

202 W Main St
Salem, IL 62881

Hovey 1-24

Job Ticket: 64068

DST#: 2

ATTN: Toby Eck

Test Start: 2019.02.21 @ 22:24:00

GENERAL INFORMATION:

Formation: **Ft. Scott**

Deviated: No Whipstock: 3187.00 ft (KB)

Time Tool Opened: 00:26:10

Time Test Ended: 04:29:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Hagman

Unit No: 75

Interval: 4586.00 ft (KB) To 4640.00 ft (KB) (TVD)

Reference Elevations: 3187.00 ft (KB)

Total Depth: 4640.00 ft (KB) (TVD)

3177.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8289

Inside

Press@RunDepth: 24.41 psig @ 4588.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.02.21

End Date:

2019.02.22

Last Calib.: 1899.12.30

Start Time: 22:24:02

End Time:

04:29:15

Time On Btm: 2019.02.22 @ 00:25:50

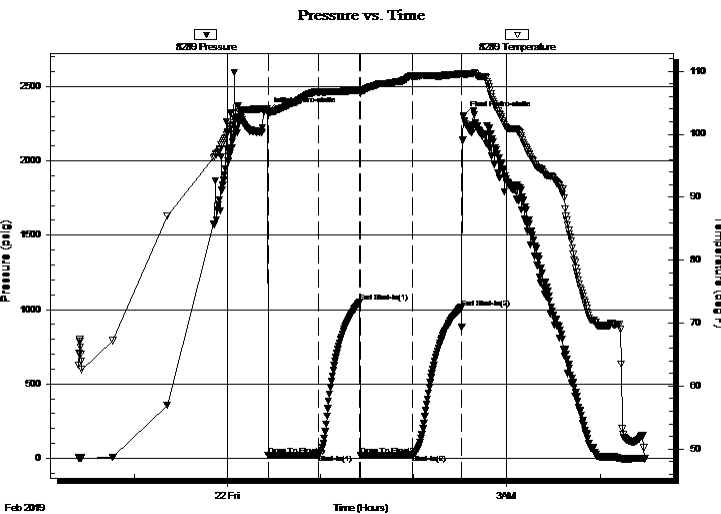
Time Off Btm: 2019.02.22 @ 02:31:50

TEST COMMENT: IF: Weak surface blow, .65 inches

IS: No blow back

FF: No blow

FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2333.51	104.01	Initial Hydro-static
1	22.12	103.39	Open To Flow (1)
33	24.10	106.67	Shut-In(1)
60	1048.64	106.99	End Shut-In(1)
60	21.56	106.39	Open To Flow (2)
93	24.41	109.24	Shut-In(2)
125	1013.56	109.59	End Shut-In(2)
126	2301.99	109.45	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud	0.14

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co, Inc

24/16/35 Wichita, KS

202 W Main St
Salem, IL 62881

Hovey 1-24

Job Ticket: 64068

DST#: 2

ATTN: Toby Eck

Test Start: 2019.02.21 @ 22:24:00

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: 66.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

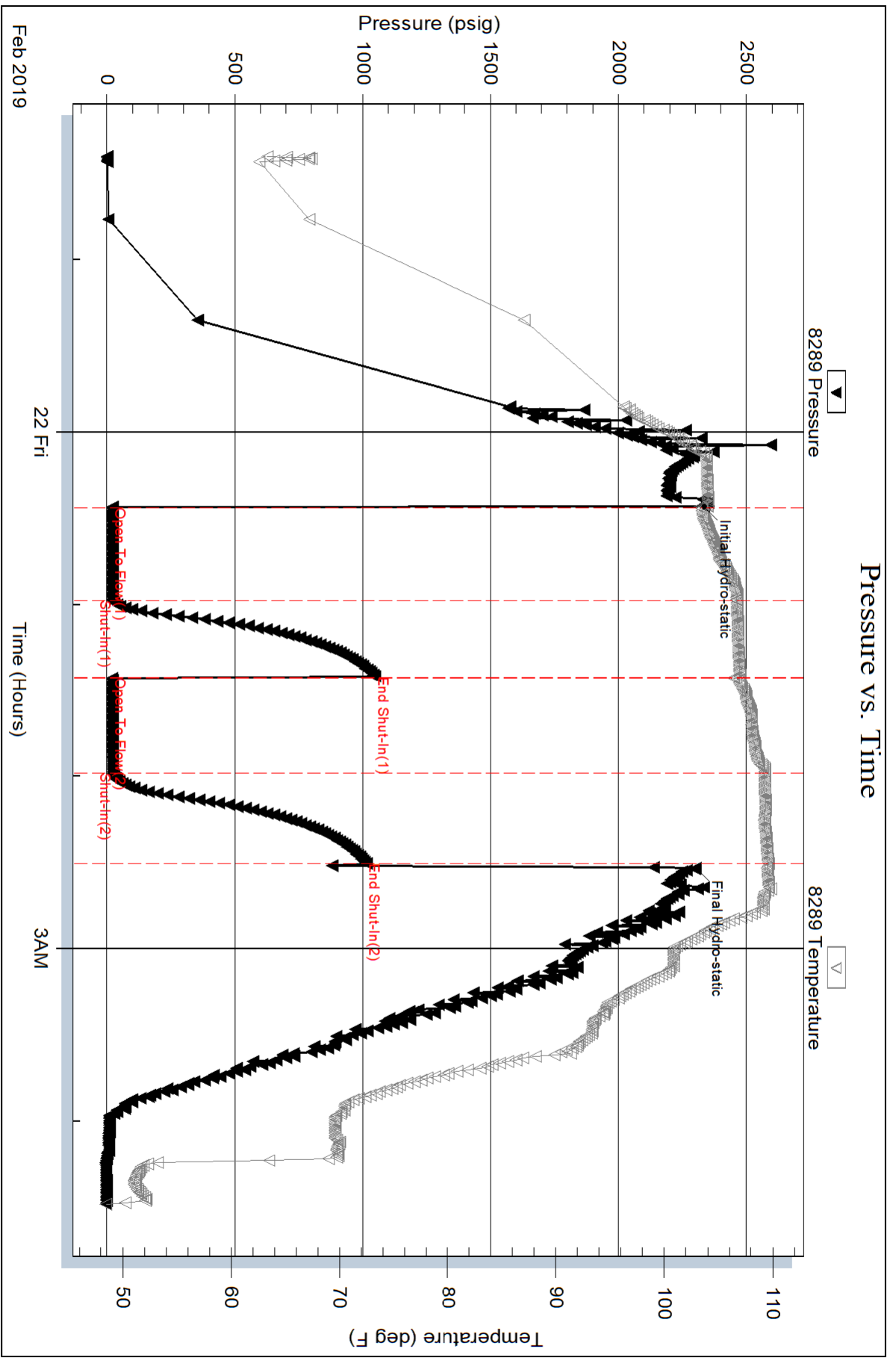
Serial #: 8289

Inside

Shakespeare Oil Co, Inc

Hovey 1-24

DST Test Number: 2

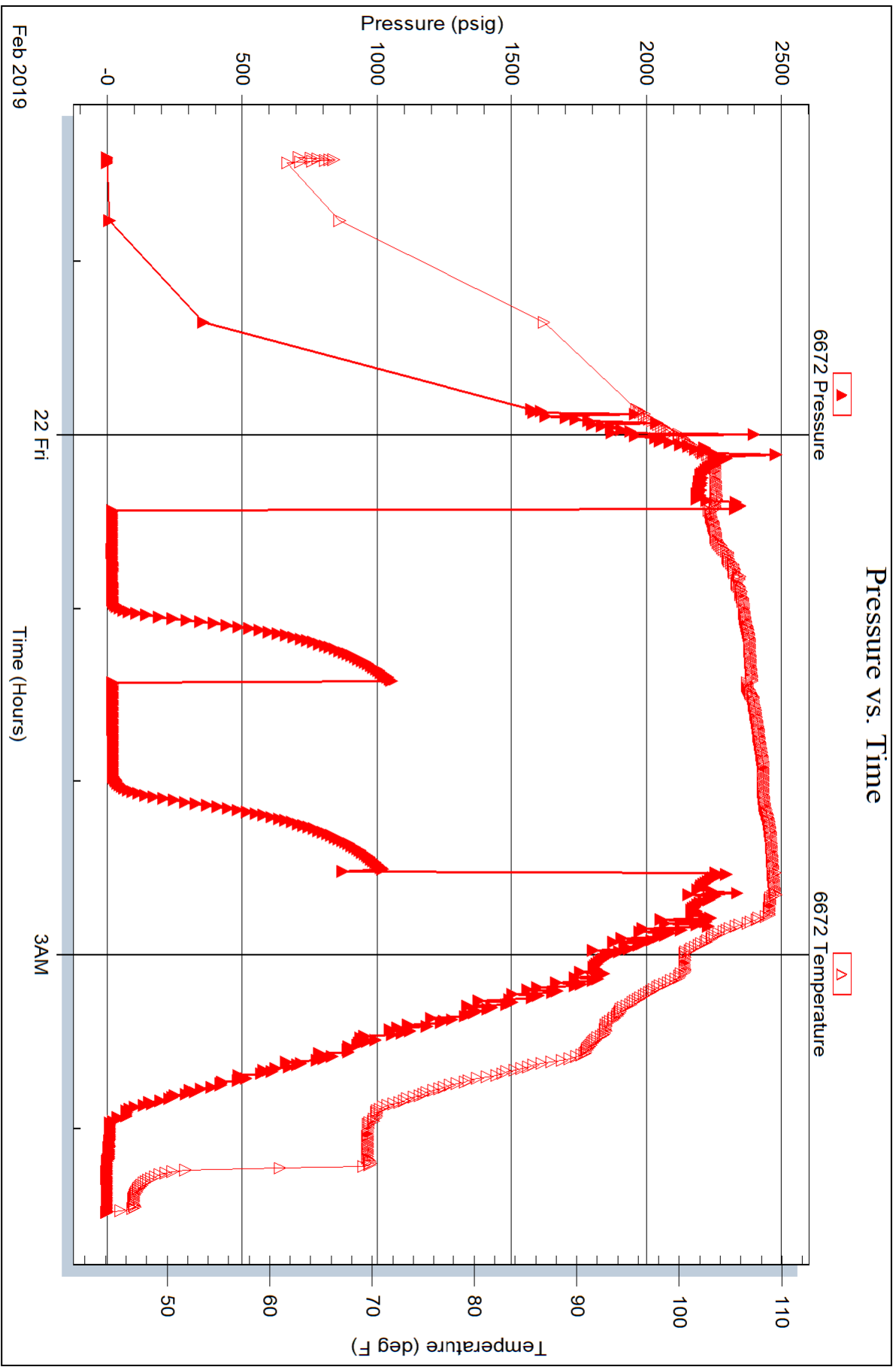


Serial #: 6672

Outside Shakespeare Oil Co, Inc

Hovey 1-24

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 64068

Printed: 2019.02.22 @ 07:35:12