

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 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
--	---

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	CHRISTY 1-29
Doc ID	1461596

All Electric Logs Run

Array Induction
Photo Density
Comp Neutron
Microlog

Form	ACO1 - Well Completion
Operator	Shakespeare Oil Co., Inc.
Well Name	CHRISTY 1-29
Doc ID	1461596

Tops

Name	Top	Datum
Base Anhydrite	2472	+688
Heebner	4006	-846
Lansing	4050	-890
Muncie Creek	4242	-1082
Stark Shale	4335	-1175
Hushpuckney	4381	-1221
Marmaton	4487	-1327
Pawnee	4550	-1390
L. Cherokee Shale	4632	-1472
Johnson	4678	-1518
Mississippian	4825	-1665



# SWIFT



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

## Invoice

DATE	INVOICE #
5/6/2019	32042

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	#1-29	Christy	Scott	Southwind Rig #8	Oil	Development	Surface Pipe	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				90	Miles	5.00	450.00
576D-S	Pump Charge - <u>Shallow Surface</u> (< 500 Ft.)				1	Job	925.00	925.00
325	Standard Cement				175	Sacks	13.50	2,362.50T
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)	3.00	150.00T
581D	Service Charge Cement				175	Sacks	1.85	323.75
583D	Drayage				774	Ton Miles	0.95	735.30
	Subtotal							5,356.55
	Sales Tax Scott County						8.50%	248.41

RECEIVED  
MAY 13 2019

*502-5  
DH*

<b>We Appreciate Your Business!</b>	<b>Total</b>	\$5,604.96
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*DW*



TICKET 032042

CHARGE TO: Shakespeare Oil & Gas  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u>1-29</u>	LEASE <u>Christy</u>	COUNTY/PARISH <u>Scott</u>	STATE <u>KS</u>	CITY <u>Peru</u>	DATE <u>5/16/19</u>	OWNER	
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Southwind</u>	RIG NAME/NO. <u>8</u>	SHIPPED VIA <u>CR</u>	DELIVERED TO <u>Location</u>	WELL PERMIT NO.	ORDER NO.		
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Surface Pipe</u>	WELL LOCATION <u>Peru 2-10 1/2 S</u>					
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>E-1nb</u>							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT			UM	UM		
<u>576</u>				<u>TR # 118</u>		<u>90</u>	<u>m</u>	<u>5.00</u>	<u>450.00</u>
<u>576S</u>				<u>Pump Charge - Surface</u>		<u>1</u>	<u>job</u>	<u>925.00</u>	<u>925.00</u>
<u>326</u>				<u>Standard CMT</u>		<u>175</u>	<u>skt</u>	<u>13.00</u>	<u>2362.50</u>
<u>279</u>				<u>Bentonite Gel</u>		<u>3</u>	<u>skt</u>	<u>30.00</u>	<u>90.00</u>
<u>278</u>				<u>Calcium Chloride</u>		<u>8</u>	<u>skt</u>	<u>40.00</u>	<u>320.00</u>
<u>276</u>				<u>Floccle</u>		<u>50</u>	<u>lbs</u>	<u>3.00</u>	<u>150.00</u>
<u>581</u>				<u>CMT Service Charge</u>		<u>1</u>	<u>skt</u>	<u>323.00</u>	<u>323.00</u>
<u>583</u>				<u>Drayage</u>		<u>17200</u>	<u>lbs</u>	<u>774.00</u>	<u>13260.00</u>

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 5/16/19 TIME SIGNED 8:30  A.M.  P.M.

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

SURVEY	AGREE	UNDECIDED	DISAGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 1  
 TOTAL 57004.96

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR Andrew Trichy APPROVAL David W. Felton  
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5/16/19 PAGE NO. 1

CUSTOMER Shakespeare Oil WELL NO. 1-29 LEASE Christy JOB TYPE Surface Pipe TICKET NO. 032042

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							On Location 8 5/8" 2316/ft RTD: 266 TP: 266
	1920							Circulate
	1950	4 1/2	5		✓	100		Pump 5 bbl H2O Spacer
	1955	4	42		✓	100		Mix 175 sks of Standard 2% gel 3% CC 1/4" Flo @ 14.7 ppq
	2010	4	<del>0 1/4</del>		✓	100		Displace CMT
		4	12		✓	200		Circulate CMT to Pit - * 15 sks *
	2015	4	16 1/4		✓	260		KO Pump * Shut-in * \$ Release Pressure * Valve Hold *
	2020							Wash up Trk #112
								Job Complete
								175 sks of Standard 2% gel 3% CC 1/4" Flo used - 15 sks to Pit -
								Thank You
								Cuddeon, Preston, Kirby





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



# Invoice

DATE	INVOICE #
5/15/2019	27555

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

- Acidizing
- Cement
- Tool Rental

*IAT P+A*

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-29	Christy	Scott	Southwind Rig #8	Oil	Development	PTA	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				70	Miles	5.00	350.00
576D-P	Pump Charge - PTA				1	Job	925.00	925.00
290	D-Air				5	Gallon(s)	42.00	210.00T
328-4	60/40 Pozmix (4% Gel)				300	Sacks	11.00	3,300.00T
276	Flocele				75	Lb(s)	3.00	225.00T
581D	Service Charge Cement				300	Sacks	1.85	555.00
583D	Drayage				850	Ton Miles	0.95	807.50
	Subtotal							6,372.50
	Sales Tax Scott County						8.50%	317.48

RECEIVED  
MAY 21 2019

*502-17  
DH*

**We Appreciate Your Business!**

**Total**

\$6,689.98

*DW*



CHARGE TO: Shakespeare  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET 27555

PAGE 1 OF

SERVICE LOCATIONS

1. <u>Hays Ks</u>	WELL/PROJECT NO. <u>1-29</u>	LEASE <u>Christy Scott</u>	COUNTY/PARISH <u>Scott</u>	STATE <u>Ks</u>	CITY	DATE <u>5-15-19</u>	OWNER
2. <u>Ness City Ks</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Southwind Drilling</u>	RIG NAME/NO. <u>Rig # 8</u>	SHIPPED VIA <u>OT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Wildcat</u>	JOB PURPOSE <u>Rotary - RTA</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					MILEAGE <u>Tire # 111</u>	70	MI				5.00	350.00
5761					<u>Ramp Charge - RTA</u>	1	KA				925.00	925.00
29D					<u>D-Are</u>	5	bar				42.00	210.00
328-4					<u>60/60 Rozmix 4/6 gal</u>	300	SKS				11.00	3300.00
276					<u>Flare</u>	75	lbs				3.00	225.00
581					<u>Service Charge Amt</u>	300	SKS				1.85	555.00
582					<u>Drays</u>	850	TR				.95	807.50

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

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

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_

A.M.  P.M.

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL 6372 SUBTOTAL 52

SWIFT OPERATOR David Edgemoor APPROVAL

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

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_

CUSTOMER DID NOT WISH TO RESPOND

TOTAL 1689.98

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-15-19 PAGE NO.

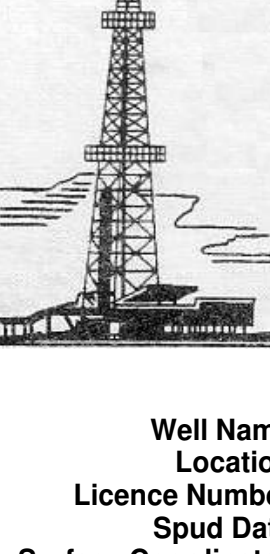
CUSTOMER Shakespeare WELL NO. 1-29 LEASE Christy JOB TYPE Rotary Plug TICKET NO. 27555

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							On Location
	1115	3.5	10			400		1st Plug @ 2460 50 sks cmt Pump wtr
		3.5	13			400		Pump cmt
		3.5	3.5			400		Pump wtr
	1135		28			0		Disp w/ mud - 3 min
								2nd Plug @ 1470 80 sks cmt
	1220	3.5	10			100		Pump wtr
		3.5	21			100		Pump Cement
	1235	3.5	3.5			100		Pump wtr
								3rd Plug @ 720 50 sks cmt
	1255	3.5	5			100		Pump wtr
		3.5	13			100		Pump cmt
	1310	3.5	2			100		Pump wtr
								4th Plug @ 300 50 sks cmt
	1320		<del>30</del>			100		Pump wtr
			13			100		Pump cmt
	1330		2			100		Pump wtr
								5th Plug @ 60' 20 sks cmt
	1415	1	5			0		Pump cmt to top of
	1420	2	3			0		Plug rat hole - 30 sks
	1425	2	5			0		Plug mousehole - 20 sks
	1430							Job Complete

THANKS DAVID ZACH & KIRBY

# WELLSITE GEOLOGIST'S REPORT

VERNON C. SCHRAG  
CONSULTANT GEOLOGIST



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

**Well Name:** CHRISTY #1-29  
**Location:** SW NW NW SE SEC. 29-16S-34W  
**Licence Number:** API: 15-171-21249  
**Spud Date:** May 6, 2019  
**Surface Coordinates:** 2305' FSL & 2530' FEL

**Region:** Scott Co., KS  
**Drilling Completed:** May 14, 2019

**Bottom Hole Coordinates:**  
**Ground Elevation (ft):** 3150'      **K.B. Elevation (ft):** 3160'  
**Logged Interval (ft):** 3800'      **To: RTD Total Depth (ft):** 4920'  
**Formation:** D&A Mississippi  
**Type of Drilling Fluid:** Chemical Premix (Displaced)  
 Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

### OPERATOR:

**Company:** Shakespeare Oil Co., Inc.  
**Address:** 202 West Main Street  
 Salem, IL 62881

### DRILLING CONTRACTOR:

**Southwind Drilling Co., Rig #8**  
 DP 4.5" XH (16.6#); DC 6-1/4" x 2-3/8", 470.85'; Kelly 40.00', Tool Joint 5.5" ; Bit: 7-7/8", Varel HE29A, 3/14; rpm 80, WOB 35k; Kelly Bushing 10' above ground level; Doug Roberts (tool pusher).

### CASING:

Ran 6 joints of new 23#, 8 5/8" casing, Tally @ 253', Set @ 265'

### CIRCULATION SYSTEM:

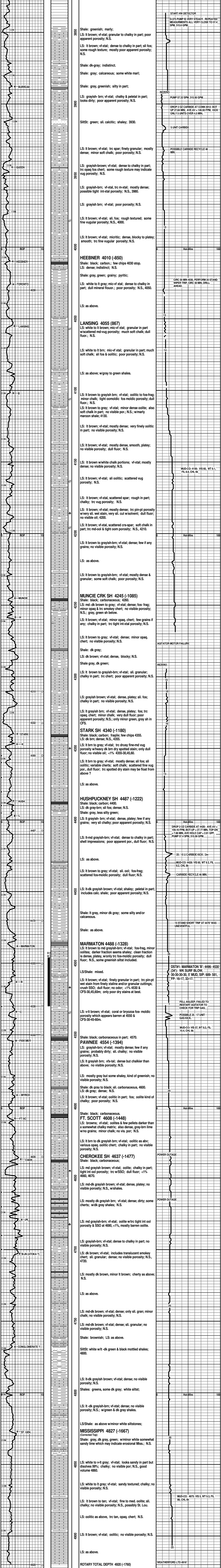
Continental EMSCO D-375, duplex, 6 x 14, 58 spm, Chemical, premix, earth pits, MudCo/Service Mud, Inc., Matt Smith.

### GAS DETECTION SYSTEM:

Kansas-DAQ: Delphian 3.0 volt catalytic bead combustible gas detector: Portable Hot-Wire, USB-1208LS, Module-41.

### DRILL STEM TEST #1:

Marmaton "B" zone: Interval: 4496-4530 (34' anchor): Weak surf blow: Times: 30-30-30-30; Recovery: 5' Mud (N.S.); Pressures: HP: 2255-2197, SIP: 689-581, FP: 16-17, 33-17; BHT: 111 deg. F; Trilobite Testing, Inc., Scott City, KS, Mike Roberts.





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.

**29-16-34w Scott Co**

202 W Main St.  
Salem IL  
62881  
ATTN: Vern Schrag

**Christy 1-29**

Job Ticket: 65142

**DST#: 1**

Test Start: 2019.05.12 @ 22:36:15

## GENERAL INFORMATION:

Formation: **Marmaton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:38:15

Time Test Ended: 04:26:15

Test Type: (Initial)

Tester: Mike Roberts

Unit No: 81

**Interval: 4496.00 ft (KB) To 4530.00 ft (KB) (TVD)**

Reference Elevations: 3160.00 ft (KB)

Total Depth: 4530.00 ft (KB) (TVD)

3150.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 8521**

**Inside**

Press@RunDepth: 17.78 psig @ 4497.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.05.12

End Date:

2019.05.13

Last Calib.: 2019.05.13

Start Time: 22:36:15

End Time:

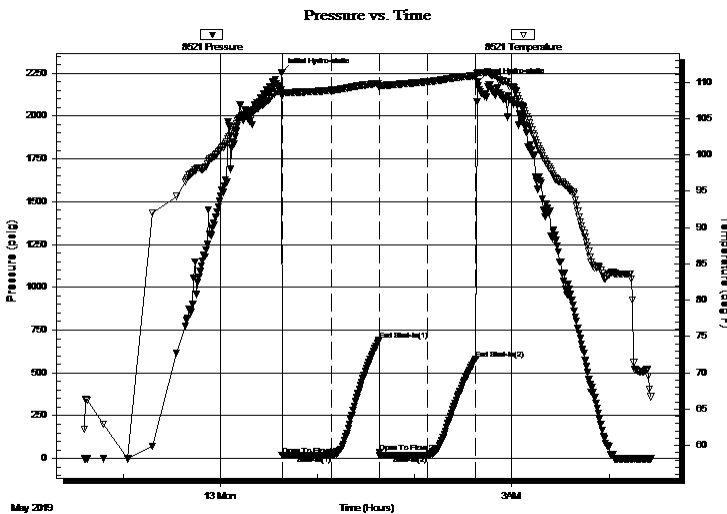
04:26:15

Time On Btm: 2019.05.13 @ 00:38:00

Time Off Btm: 2019.05.13 @ 02:38:45

TEST COMMENT: IF:Weak surface blow  
IS:No return blow  
FF:No blow  
FS:No return blow

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2255.10	109.06	Initial Hydro-static
1	16.93	108.26	Open To Flow (1)
31	17.37	108.90	Shut-In(1)
60	689.96	109.86	End Shut-In(1)
61	33.53	109.26	Open To Flow (2)
90	17.78	110.06	Shut-In(2)
120	581.27	110.92	End Shut-In(2)
121	2197.89	111.31	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100%m	0.07

## Gas Rates

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





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Shakespeare Oil Co. Inc.

**29-16-34w Scott Co**

202 W Main St.  
Salem IL  
62881

**Christy 1-29**

Job Ticket: 65142

**DST#: 1**

ATTN: Vern Schrag

Test Start: 2019.05.12 @ 22:36:15

## 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: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in<sup>3</sup>

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 bbbl
5.00	mud 100%m	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

