

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



Invoice

DATE	INVOICE #
10/31/2020	33359

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-35	E & C	Lane	Southwind Rig #8	Oil	Development	4 1/2 Longstring	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				50	Miles	5.00	250.00
578D-L	Pump Charge - Long String				1	Job	1,400.00	1,400.00
419-4	4 1/2" Rotating Head Rental				1	Each	250.00	250.00T
281	Mud Flush				500	Gallon(s)	1.50	750.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00
290	D-Air				3	Gallon(s)	42.00	126.00T
325	Standard Cement				225	Sacks	13.50	3,037.50T
284	Calseal				11	Sack(s)	40.00	440.00T
283	Salt				1,100	Lb(s)	0.25	275.00T
292	Halad 322				200	Lb(s)	8.50	1,700.00T
276	Flocele				25	Lb(s)	3.00	75.00T
277	Gilsonite (Coal Seal)				1,125	Lb(s)	1.25	1,406.25T
581D	Service Charge Cement				225	Sacks	1.85	416.25
583D	Drayage				618	Ton Miles	0.95	587.10
	Subtotal							10,763.10
Customer Disc...	Customer Discount Per Ted						-10.00%	-1,076.31
	Subtotal							9,686.79
	Sales Tax Lane County						7.50%	544.03

INT

502-5
JW

RECEIVED
NOV 13 2020

We Appreciate Your Business!

Total

\$10,230.82

DW



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

TICKET **033359**
 PAGE 1 OF 1

WELL/PROJECT NO. 2-35 oiled E+C LEASE Southwind COUNTY/PARISH LANE STATE KS CITY _____ OWNER _____
 TICKET TYPE SERVICE SALES CONTRACTOR Southwind RIG NAME/NO. # 8 SHIPPED VIA CT DELIVERED TO Location ORDER NO. _____
 WELL TYPE Oil WELL CATEGORY Development WELL PERMIT NO. _____ WELL LOCATION highway 4 + 23 Jct
 INVOICE INSTRUCTIONS LONG STRING 4 1/2" JOB PURPOSE LONG STRING 4 1/2" WELL PERMIT NO. _____ WELL LOCATION 1/2 S. E. -INTC

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1					50	mi	5.00	250.00
578		1					1	job	1400.00	1400.00
419		1					4 1/2	in	250.00	250.00
281		1					500	gal	1.50	750.00
221		1					2	gal	25.00	50.00
290		1					3	gal	42.00	126.00

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 10-31-2020 TIME SIGNED 8:00 A.M. P.M.

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

SURVEY PERFORMED 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? YES NO CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1
 10763.00
 -10763.00
 9086.79
 544.03
 TOTAL 10230.82

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

SWIFT OPERATOR Indean Fuchs APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10-31-2020 PAGE NO. 1

CUSTOMER Shakespeare Oil & Gas WELL NO. 2-3500 (W2) LEASE E+C JOB TYPE Long string 4 1/2" TICKET NO. 033359

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							ON Location 4 1/2" 11.6 lb/ft RTD: 4610' TP: 4613' SJ: 41 PC:
	1530							Drop Ball - Circulate
	1830	6 1/2	12		✓	400		Pump 500 gal Mud Flush
		6 1/2	20		✓	400		Pump 20 bbl KCL Spacer
	1840		7-5		✓	100		Plug RH [30, 20]
		4	42		✓	200		Mix ¹⁷⁵ 225 sks of EA-2 CMT @ 15.36 ppv
	1955							Wash P+L Drop Latch down Plug
	1900	6 1/2	0		✓	200		Start Displacement
		6 1/2	59		✓	400		-Lift Pressure
		6 1/2	70.8		✓	600		-Max lift Pressure
	1915	5 1/2	70.8		✓	1500		LAND latch down Plug -Release Pressure & Hold
	1930							Wash up Trk #112
	2000							Job Complete
								225 sks of EA-2 CMT used
								Thanks!
								Brian Kirby, Dusty

SWIFT



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

Invoice

DATE	INVOICE #
11/9/2020	33190

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

- Acidizing
- Cement
- Tool Rental

ETC 2-35 OWWO INT

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2-35	C & E	Lane	Wild West	Oil	Development	Port Collar	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				50	Miles	5.00	250.00
576D-D	Pump Charge - Deep Surface (> 500 Ft.) & Port Collars				1	Job	1,400.00	1,400.00
288	Sand (20/40 Brady)				2	Sack(s)	22.00	44.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
330	Swift Multi-Density Standard (MIDCON II)				200	Sacks	17.00	3,400.00T
276	Flocele				50	Lb(s)	3.00	150.00T
581D	Service Charge Cement				350	Sacks	1.85	647.50
583D	Drayage				872	Ton Miles	0.95	828.40
	Subtotal							6,803.90
Customer Disc...	Customer Discount Per Ted						-10.00%	-680.39
	Subtotal							6,123.51
	Sales Tax Lane County						7.50%	248.27

RECEIVED
NOV 17 2020

*502-5
gn*

We Appreciate Your Business!

Total

\$6,371.78

DW



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

TICKET 033190

PAGE 1 OF

SERVICE LOCATIONS
 1. *Hays ks*
 2. *Ness City ks*
 3.
 4.

WELL/PROJECT NO. *2-35*
 LEASE *C & E*
 COUNTY/PARISH *Lane*
 CITY

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR *Wild West*
 RIG NAME/NO.
 DELIVERED TO *LOCATION*

WELL TYPE *Dil*
 WELL CATEGORY *development*
 JOB PURPOSE *Poor Collar*
 WELL PERMIT NO.
 WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY. U/M	QTY. U/M	UNIT PRICE	AMOUNT
		LOC	ACCT DF					
<i>575</i>		<i>1</i>		<i>MILEAGE Trk # 1111</i>	<i>50</i>	<i>mi</i>	<i>5.00</i>	<i>250.00</i>
<i>576D</i>		<i>1</i>		<i>Pump Charge - Poor Collar</i>	<i>1</i>	<i>EA</i>	<i>1400.00</i>	<i>1400.00</i>
<i>288</i>		<i>1</i>		<i>Sand</i>	<i>2</i>	<i>SKS</i>	<i>22.00</i>	<i>44.00</i>
<i>290</i>		<i>1</i>		<i>D-Air</i>	<i>2</i>	<i>bar.</i>	<i>42.00</i>	<i>84.00</i>
<i>330</i>		<i>2</i>		<i>Swift Multi-Density</i>	<i>200</i>	<i>SKS</i>	<i>17.00</i>	<i>3400.00</i>
<i>276</i>		<i>2</i>		<i>Flocke</i>	<i>50</i>	<i>lbs</i>	<i>3.00</i>	<i>150.00</i>
<i>581</i>		<i>2</i>		<i>Service Charge Cement</i>	<i>350</i>	<i>SKS</i>	<i>1.85</i>	<i>647.50</i>
<i>583</i>		<i>2</i>		<i>Drainage</i>	<i>872</i>	<i>TM</i>	<i>95</i>	<i>828.40</i>

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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 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? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL *6803.90*
-680.39
6123.51
597
596
 TOTAL *6371.78*

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

SWIFT OPERATOR *Davis Edgerton* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-9-20 PAGE NO.

CUSTOMER Shakespeare WELL NO. 2-35 LEASE C & E JOB TYPE Port Collar TICKET NO. 33190

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							On location
								2 3/8 x 4 1/2 Port Collar - 2163
			13.5			300		Circ oil out of hole @ 3950 Spot sand @ 3950' pull tub up to Port Collar
		4.5				700		Open Port Collar & test - open Start CMT
		4.5	96			1100		Circ CMT - 175 sk @ 11.2" dia
		4.5	96			1100		Raise wgt to 14" dia for 25 sk
		4.5	103			1100		End CMT
		3	6.5			800		Disp
						1500		Close Port Collar & Test
								Run 5 Joints
		2.5	20			350		Reverse out
		2.5	25					Run Down & Circ Sand off Pig
								JOB Complete
								Thanks
								Darius, ZACH & Isaac