

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



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



Invoice

DATE	INVOICE #
11/5/2020	33361

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	#1-12	F & S U 10	Lane	Southwind	Oil	Development	4 1/2 Longstring	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				40	Miles	5.00	200.00
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
277	Gilsonite (Coal Seal)				1,125	Lb(s)	1.25	1,406.25T
276	Flocele				25	Lb(s)	3.00	75.00T
581D	Service Charge Cement				225	Sacks	1.85	416.25
583D	Drayage				494	Ton Miles	0.95	469.30
	Subtotal							10,595.30
Customer Disc...	Customer Discount Per Ted						-10.00%	-1,059.53
	Subtotal							9,535.77
	Sales Tax Lane County						7.50%	544.03

RECEIVED
NOV 17 2020

502-5
4N

DW

We Appreciate Your Business!

Total

\$10,079.80



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

TICKET **033361**

PAGE 1 OF 2

SERVICE LOCATIONS
 1. Ness City, KS
 2. _____
 3. _____
 4. _____

WELL/PROJECT NO. 1-12
 LEASE FtS UNIT
 COUNTY/PARISH LANE
 CITY Dighton
 DATE 01-5-2020
 OWNER _____

TICKET TYPE SERVICE SALES
 CONTRACTOR Southwind
 RIG NAME/NO. _____
 ORDER NO. _____

WELL TYPE Oil
 WELL CATEGORY Development
 JOB PURPOSE Long String 4 1/2"
 WELL PERMIT NO. _____

WELL LOCATION Dighton, 8-N, 1/2-W
S-INTD

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1					40	mi	5.00	200.00
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 11-5-2020 TIME SIGNED 1:00 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

AGREE _____
 UNDECIDED _____
 DISAGREE _____

PAGE TOTAL 1
2
10208
564
 TAX 1059.53
935.17
 LANE 544.03
 TOTAL 1009.80

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

SWIFT OPERATOR Shawn Fuchs APPROVAL _____

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 033361

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT								
325					Standard CMT	225	SKS			13.80	3037.80
284					Calseal	11	SKS			40.00	440.00
283					Salt	1100	LBS			0.25	275.00
292					Haled-322	200	LBS			8.50	1700.00
277					Gilsonite	1125	LBS			1.25	1406.25
276					Floceek	25	LBS			3.00	75.00
581					SERVICE CHARGE					1.85	1.85
583					MILEAGE CHARGE	24700	LBS	40		0.25	469.00
CONTINUATION TOTAL											7819.30

WELL F45 UNIT 1-12

DATE 11-5-2020

PAGE 2 OF 2

CUSTOMER Shakespear Oil & Gas

JOB LOG

SWIFT Services, Inc.

DATE 11-5-2020 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Shakespeare Oil & Gas		1-12		F+5 UNIT		Long string		033361	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									ON Location 4 1/2" 11.6 lb/ft
									4000 LTD 4654 TP: 4652 PC: 2143 SJ: 41.68'
	0815								Drop Ball - Circulate + Retate
	1115	6 1/2	12		✓	300			Pump 500 gal Mucl Flush
		6 1/2	20		✓	300			Pump 20 bbl KCL Spacer
	1125	2	7-5		✓	100			Plug RH, MH [30, 20]
	1135	4	42		✓	250			Mix 175 sks of EA-2 CMT @ 15.36 ppg
	1155								- Wash P+L * Drop Latch down Plug *
	1200	6 1/2	0		✓	300			Start Displacement
		6 1/2	56		✓	400			Lift Pressure
		6 1/2	70		✓	700			Max Lift Pressure
	1215	6	71.5		✓	1500			LAND Latch down Plug * - Release Pressure * Hold *
	1220								Wash up Trk #112
	1245								Job Complete 225 sks of EA-2 CMT used Thanks! Budean, Kirby, Isaac



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



Invoice

DATE	INVOICE #
11/18/2020	33368

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	#1-12	F & S Unit	Lane	Wild West	Oil	Development	Port Collar	Gideon
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				45	Miles	5.00	225.00
576D-D	Pump Charge - Deep Surface (> 500 Ft.) & Port Collars				1	Job	1,400.00	1,400.00
330	Swift Multi-Density Standard (MIDCON II)				215	Sacks	17.00	3,655.00T
276	Flocele				75	Lb(s)	3.00	225.00T
275	Cotton Seed Hulls				1	Sack(s)	35.00	35.00T
290	D-Air				3	Gallon(s)	42.00	126.00T
288	Sand (20/40 Brady)				1	Sack(s)	22.00	22.00T
581D	Service Charge Cement				300	Sacks	1.85	555.00
583D	Drayage				672	Ton Miles	0.95	638.40
	Subtotal							6,881.40
Customer Disc...	Customer Discount Per Ted						-10.00%	-688.14
	Subtotal							6,193.26
	Sales Tax Lane County						7.50%	274.25
We Appreciate Your Business!							Total	\$6,467.51

502-5
gr

RECEIVED
NOV 24 2020

DW



CHARGE TO: *Shakespeare Oil & Gas*

ADDRESS

CITY, STATE, ZIP CODE

TICKET **033368**

PAGE **1** OF **1**

WELL/PROJECT NO. #1-18 OWNED FTS UNIT	LEASE Wild West	COUNTY/PARISH LANE	STATE KS	CITY Dighton	DATE 11-18-2020	OWNER
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Wild West	RIG NAME/NO.	SHIPPED VIA cr	DELIVERED TO Location	ORDER NO.	
WELL TYPE Oil	WELL CATEGORY Development	JOB PURPOSE Port Collar	WELL PERMIT NO.			
WELL LOCATION Dighton, 8.N. 1/2.W						
INVOICE INSTRUCTIONS 1/2 S INTO						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575	1			MILEAGE	45	mi			5.00	225.00
576D	1			Pump Charge - Port Collar	1	job			1400.00	1400.00
330	1			SMD Cement	215	sk			17.00	3655.00
276	1			Floccle	75	lbs			3.00	225.00
275	1			Cotton Seed Hulls	1	sk			35.00	35.00
290	1			D-Air	3	gal			42.00	126.00
288	1			SAND	1	sk			22.00	22.00
581	1			CMT Service Charge	300	sk			1.85	555.00
583	1			Diaryage	21853	lbs	672	TM	0.95	638.22

<p>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.</p> <p>MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.</p> <p>X</p>	<p>REMIT PAYMENT TO:</p> <p>SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300</p>	<p>SURVEY</p> <p>OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND</p>	<p>PAGE TOTAL</p> <p>6881.42</p> <p>-488.14</p> <p>6193.26</p> <p>274.25</p> <p>TOTAL</p> <p>6467.51</p>
--	--	--	--

DATE SIGNED **11-18-2020** TIME SIGNED **2:00** A.M. P.M.

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

SWIFT OPERATOR *Gudrun Fusch* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-18-2020 PAGE NO. 1

CUSTOMER Shakespeare Oil & Gas WELL NO. 1-120WLD LEASE F&S UNIT JOB TYPE Port Collar TICKET NO. 033368

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON Location 2 3/8" x 4 1/2"
								Plug: 3875' PC: 2141'
	0935	3 1/2	70	✓		700		Roll Hbl
	0955	0	-	✓		1000		Test Plug to 1000 PSI * Hold *
	1010	2	12	✓		400		Spot SAND @ 3.844 - Pull hb to PC
								Open PC
	1110	3 1/2	3	✓		450		INJECTION RATE - Good Blow on 8 5/8"
	1115	3 1/2	119	✓		650		Mix 215 sks of SMD CMT @ 11.2 ppg w/ 100# of Hulls in first 50 sks
	1150	3	7 1/4	✓		600		Displace CMT
	1200							- Run 5 Jts
	1210	3	20	✓		600		Reverse Clean
	1215	3	20	✓		600		Wash up Trk #112 - Run hb to Plug
	1255	3	50	✓		600		Ⓡ Circulate SAND off Plug
	1330							Job Complete
								215 sks of SMD + 100# of Cotton Seed Hulls used * 20 sks to the Pit *
								Thanks!
								Budeau, Kirby, Wayne