

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018Form must be Typed
Form must be Signed
All blanks must be FilledWELL 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: _____ (e.g. xx.xxxxx), Long: _____ (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 DistributionALT 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives	

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 (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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)				PRODUCTION INTERVAL: Top _____ Bottom _____	
--	--	--	--	--	--	--	--

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)		
TUBING RECORD: Size: Set At: Packer At:							

Form	ACO1 - Well Completion						
Operator	Shakespeare Oil Co., Inc.						
Well Name	MELISSA 1-29						
Doc ID	1583968						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	260	Class A	175	2% gel, 3% CC
Production	7.785	5.5	15.5	4653	SMD	125	1/4#/sk Flocele
					EA-2	100	5% Calseal, 5% salt, 7#/sk Gilsonite & 1/2% CFR-1



Midwest Wireline, LLC

PO Box 793
Hays, KS 67601
(785)625-3858

Invoice

Date	Invoice #
7/16/2021	1403

Bill To
Shakespeare Oil Company, Inc. 202 W. Main St Salem, IL 62881

Well Name: Melissa #1-29
County, State: Lane, KS
Due Date: 8/15/2021
Unit #: P-106
Terms: Net 30

RECEIVED
JUL 21 2021

Description	Quantity	Price	Amount
Truck Rental / Rig-up	1	2,200.00	2,200.00T
Setting Service - Depth	4,225	0.40	1,690.00T
4.75" - 5.61" OD	1	4,040.00	4,040.00T
Subtotal of Invoice			7,930.00
Total Discount - MS		-4,680.00	-4,680.00
Lane County Sales Tax		7.50%	243.75
INT			
502-19			
JL			
DW			
Thank you for your business.		Total	\$3,493.75



MIDWEST WIRELINE

Midwest Wireline, LLC

Service Order No.

1-1403

Phone: 785.625.3858

Fax: 785.621.7718

Date: 7-16-21

Client Info	Company	Shakespeare Oil Company		Client Order #	06		
	Billing Address			City	ST	Zip	
Well Info	Lease & Well #		Field Name		Legal Description (coordinates)		
	Melissa #1-29						
	Nearest Town	County	State		Casing Size	Casing Weight	
Dighton	Lane	KS		5.5			
Fluid	Level (surf.)	Reading from	Customer T.D.	Midwest T.D.	Elevation	KB Elevation	
Oil/water	3210'	KB		4590'			
Crew	Engineer	Truck Driver	Crew Members			Unit #	Miles
	M. Hiss	J. R. G.				106	

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO
ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE
TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval	
	7-16-21
Name Printed	Signature / Date

SUBTOTAL	7,930
DISCOUNT	4,680
SUBTOTAL	3,250
TAX	\$243.75
NET TOTAL	\$3493.75

Midwest Field Representative	<u>Michael Hiss</u>	<u>7-16-21</u>
Name Printed	Signature / Date	

MIDWEST OFFICE USE ONLY - Manager Approval	
<u>Tom Martin</u>	7-20-2021
Name Printed	Signature / Date



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

Invoice

DATE	INVOICE #
7/12/2021	33860

BILL TO

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

RECEIVED
JUL 19 2021

- Acidizing
- Cement
- Tool Rental

We Appreciate Your Business!

Total

\$2,882.61

Don

CUSTOMER Shakespeare Oil & Gas			WELL NO. 1-29	LEASE Me/PSA	JOB TYPE Perf Squeeze	TICKET NO. 33860
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURE (PSI) TUBING CASING	DESCRIPTION OF OPERATION AND MATERIALS
						ON Location) 2 3/8" x 5 1/2"
						Perfs: 4194-4200' PKR: 4,133' 4235-37' RBP: 4,269' 4244-47' FL: 3050' 4253-56'
0950	2 1/2	12.5	✓	1500		Test Tools @ 4250' *Hold*
1050	2	3.5	✓	0		Spot 1 sk of SAND @ 4256.5' -let fall 30 mins.
1100						Pull Trk to 4,166'
	4 1/2	25	✓	800		Injection RATE *Instant Vac* -Make Call to office
1200	3 1/2	10.5	✓	0		Mix 50 sks of STANDARD CMTE155 Wash Pump + Lines PPG
1200	4 1/2	0	✓	0		Start Displacement
	4 1/2	12	✓	0		
1205	-	13	✓	VAC		Never Caught Pressure - 100w/ 3bbls in Trk
1215	-	14	✓	VAC		After 10mins let 1bbl go on VAC
1225	-	15	✓	VAC		Let 1bbl go on VAC, but fluid stopped
1235	Ø	15	✓	500		Stage
1255	Ø	15	✓	1000		Staged 1000 PSI - Release PSI *Dry Up*
1300	Ø3	25	✓	500		Put 200 PSI on BS + unset PKR - Revert CLEAN
1320	2	45	✓	500		Wash through Squeeze *unable to wash through CM*
1400						Wash up Trk #112
1430						Job Complete 50 sks of STD CMJ used
						THANKS
						Rudam, Kicky, Deane

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date:	
County:	
API Number (14 Digits):	15-101-22116
Operator Name:	Shakespeare Oil Company, Inc
Well Name and Number:	Melissa 1-29
Latitude:	
Longitude:	
Datum:	
Production Type:	
True Vertical Depth (TVD):	
Total Base Fluid Volume (gal)*:	



Hydraulic Fracturing Fluid Composition:

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).