

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 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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SWIFT



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



Invoice

DATE	INVOICE #
6/10/2021	33549

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

RECEIVED
JUN 17 2021

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-15	James	Lane	Southwind	Oil	Development	Cement Longstring	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				30	Miles	5.00	150.00
578D-L	Pump Charge - Long String				1	Job	1,400.00	1,400.00
325	Standard Cement				250	Sacks	13.50	3,375.00T
284	Calseal				12	Sack(s)	40.00	480.00T
283	Salt				1,300	Lb(s)	0.25	325.00T
277	Gilsonite (Coal Seal)				1,250	Lb(s)	1.25	1,562.50T
292	Halad 322				235	Lb(s)	8.50	1,997.50T
276	Flocele				50	Lb(s)	3.00	150.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
281	Mud Flush				500	Gallon(s)	1.50	750.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
419-4	4 1/2" Rotating Head Rental				1	Each	250.00	250.00T
580	Additional Hours (If Circulate More Than 1 Hour)				2	Hours	300.00	600.00T
581D	Service Charge Cement				250	Sacks	1.85	462.50
583D	Drayage				412.13	Ton Miles	0.95	391.52
	Subtotal							12,028.02
Customer Disc...	Customer Discount Per Ted						-10.00%	-1,202.80
	Subtotal							10,825.22
	Sales Tax Lane County						7.50%	649.62

INT

502-5
JL

We Appreciate Your Business!

Total

\$11,474.84 ✓

DW



CHARGE TO: *Shakespeare*
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 33549
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. *Levitt, KS*
 2. *Harp, KS*
 3.
 4.

WELL/PROJECT NO. *1-15 01110*
 LEASE *James*
 COUNTY/PARISH *Leone*
 CITY *Dighton*
 STATE *KS*
 DATE *10 Jun 21*
 OWNER

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR
 RIG NAME/NO.
 SHIPPED VIA *ET*
 DELIVERED TO *location*
 ORDER NO.

WELL TYPE *oil*
 WELL CATEGORY *SOFT/HAIR*
 JOB PURPOSE *convert long string*
 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							
<i>575</i>		<i>2</i>			<i>30</i>	<i>mi</i>			<i>5.00</i>	<i>150.00</i>
<i>578</i>		<i>2</i>		<i>TRK 113</i>	<i>1</i>	<i>ea</i>			<i>1400.00</i>	<i>1400.00</i>
<i>305</i>		<i>1</i>		<i>Pump Charge Long String</i>	<i>250</i>	<i>sk</i>			<i>13.50</i>	<i>3375.00</i>
<i>284</i>		<i>1</i>		<i>Standard cement (For EAZ)</i>	<i>1200</i>	<i>lb</i>	<i>12</i>	<i>sk</i>	<i>40.00</i>	<i>480.00</i>
<i>283</i>		<i>1</i>		<i>Calcseal</i>	<i>1300</i>	<i>lb</i>			<i>0.25</i>	<i>325.00</i>
<i>277</i>		<i>1</i>		<i>SALT</i>	<i>1050</i>	<i>lb</i>			<i>1.25</i>	<i>1312.50</i>
<i>292</i>		<i>1</i>		<i>Gilsonite</i>	<i>235</i>	<i>lb</i>			<i>8.50</i>	<i>1997.50</i>
<i>276</i>		<i>1</i>		<i>head 322</i>	<i>625</i>	<i>lb</i>	<i>50</i>	<i>lb</i>	<i>3.00</i>	<i>150.00</i>
<i>290</i>		<i>2</i>		<i>flexile</i>	<i>2</i>	<i>gal</i>			<i>42.00</i>	<i>84.00</i>
				<i>D-AIR</i>						

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

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 *[Signature]*

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

SURVEY
 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 *9524.00*
2504.02
~~*12108.02*~~
12108.02
12108.02
1095.22
1095.22
1095.22
1095.22

TOTAL *1095.22*
 TAX *10.95*
 TOTAL *1106.17*

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *[Signature]* APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10 Jun 21 PAGE NO. 1

CUSTOMER Shakespeare WELL NO. 1-15 06000 LEASE Janna JOB TYPE Cement long string TICKET NO. 33549

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								250 sk EA-2 cement w/ #5 Gilsomite 4 1/2 x 11.6" casing TD = 4651 Port collar 2124
	0200							on loc TRK U3
	0245							Drop ball - circulate - ROTATE 3-hr circulation
	0345		12 20					Plug RT - RT 30sk - 30sk no noose hole Pump 500 gal mix flush Pump 20 bbl KCL flush
		54	37			200		mix EA-2 cement 220sk 200sk @ 15.3 ppg
								Drop latch down plug wash out pump & line
	0615	6				200		Displace plug - ROTATE
		6	66			650		
	0630	6	71			1400		Land Plug
								Release pressure to truck - drill up
	0640							wash truck
								Rack up
	0705							Job complete Thanks AUSTIN, Blaine, & ISAAC



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



Invoice

DATE	INVOICE #
6/14/2021	33550

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

INT

RECEIVED
 JUN 21 2021
 • Acidizing
 • Cement
 • Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-15	James	Lane	Wild West	Oil	Development	Cement Port Collar	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				30	Miles	5.00	150.00
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)				260	Sacks	17.00	4,420.00T
276	Flocele				100	Lb(s)	3.00	300.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581D	Service Charge Cement				400	Sacks	1.85	740.00
583D	Drayage				597.06	Ton Miles	0.95	567.21
275	Cotton Seed Hulls				1	Sack(s)	35.00	35.00T
	Subtotal							7,696.21
	Sales Tax Lane County						7.50%	362.93

*502-5
 gm*

We Appreciate Your Business!	Total	\$8,059.14
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DW



TICKET 33550

CHARGE TO: Shakespeare
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATION: KS
 1. Law City KS WELL/PROJECT NO. James LEASE James COUNTY/PARISH Law STATE KS CITY Dighton DATE 14 Jun 21 OWNER
 2. SERVICE CONTRACTOR James RIG NAME/NO. James SHIPPED VIA CT DELIVERED TO Location ORDER NO.
 3. WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Cement pit collar WELL PERMIT NO. _____ WELL LOCATION _____
 4. INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
500 575		1			30	mi.			5.00	150.00
576D		1		MILEAGE TRK 113	1	ea.			1400.00	1400.00
330		1		Pump Charge	260	sk			17.00	4420.00
276		1		SUBD cement	100	lb			3.00	300.00
290		1		Fluore	2	gal			42.00	84.00
581		1		D-ATR	400	sk			1.85	740.00
583		1		Service charge	39204	lb	597.06	TM	0.95	567.21
275		1		Drageage	1	sk			35.00	35.00
				cotton seed hulls						

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

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

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

SURVEY
 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 7696.21

TOTAL 8059.14

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

SWIFT OPERATOR [Signature] APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 14 Jan 21 PAGE NO. 1
TICKET NO. 33560

CUSTOMER *Shelby Peave* WELL NO. *#1 06100* LEASE *James* JOB TYPE *Cement port collar*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								400 sk SMD cement w/ 1/4" Flocula 2 3/8 x 4 1/2 Port Collar - 2126'
	0830							on loc FRK 113
	0900					1000	1000	test to 1000 psi - held open port collar
		3 3/4	3			400		inj rate 3 3/4 x 400
	0915	4				400		MIX SMD cement @ 11.2 ppg - circ to pit -
		4	20			500		1000 mixed
		4	144			600		→ cement to surface ←
								111 sk mixed 2600 mixed 2510 to pit
			7					Displace w/ H ₂ O close port collar
	1000					1000	1000	test to 1000 psi - held
								Run 5 joints
	1010		20					Reverse hole clean - 2 cement flags -
								Wash back job Backup
	1045							job complete Thumbs
								Austin, Blaine & Isaac

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

November 12, 2021

Don Williams
Shakespeare Oil Co., Inc.
202 W MAIN ST
SALEM, IL 62881-1519

Re: ACO-1
API 15-101-22237-00-01
JAMES OWWO 1-15
SW/4 Sec.15-18S-29W
Lane County, Kansas

Dear Don Williams:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/05/2021 and the ACO-1 was received on November 08, 2021 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department