

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
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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) (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	EDWARDS COMM. 1-6
Doc ID	1669123

Tops

Name	Top	Datum
Base Anhydrite	24560	+667
Heebner	3954	-827
Lansing	4002	-875
Muncie Creek	4179	-1052
Stark Shale	4276	-1149
Hushpuckney	4322	-1195
Marmaton	4427	-1300
Johnson	4641	-1514
Mississippian	4772	-1645



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
8/4/2022	0673

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

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

County/State	Lease/Well#	Terms	Job Type
Scott County, KS	Edwards Comm, 1-6	Net 30	DPY, HOLE PTA PJA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	92	6.50	598.00
12.91 tons at 92 miles	1,187.72	1.50	1,781.58
60/40 4% gel 1/4# floseal	290	16.75	4,857.50T
Discount		-873.70	-873.70

RECEIVED
AUG 12 2022

502-179

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$7,863.38
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (8.5%)	\$371.60
	Balance Due	\$8,234.98

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0673
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-4-22	7311	Edwards Comm. 1-6	6	16	34W	Scott

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Shakespear Oil & CO. Inc	101	Tom W		
	102	Calin S		

CITY	STATE	ZIP CODE
Salem	IH	67581

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT 17.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on Southwind Drilling Plug is ordered.

15'	2470'	50 SY
1550'	80 SY	
175'	50 SY	
300	40 SY	
00'	20 SY	
RH-30	MH-20	

Thanks Tom & Calin

290 SY total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE <u>PTA</u>	71500.00	71500.00
M001	92	MILEAGE	7.50	\$598.00
M002	12.91 EONS	Tan Mileage Delivered	\$1781.58	\$1781.58
CB010	290 SY	60/40 4% gel. 5% Xi #5/581	416.75	94,857.50
			sub total	\$8,737.08
			less 10% disc.	\$873.70
			sub total	\$7,863.38
			SALES TAX	371.60
			ESTIMATED TOTAL	8234.98

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
7/27/2022	0662

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

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

County/State	Lease/Well#	Terms	Job Type
Scott County, KS	Edwards Comm. 1-6	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	92	6.50	598.00
8.82 tons at 92 miles	811.44	1.50	1,217.16
Surface Blend	180	24.50	4,410.00T
Discount		-737.51	-737.51

502-59 RECEIVED
AUG 12 2022

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$6,637.65
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (8.5%)	\$337.37
	Balance Due	<i>DW</i> \$6,975.02

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

BOOKET NUMBER 0662
 LOCATION Hayre
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-27-22	7311	Edwards Comm. 1-6	6	16	34W	Scott

CUSTOMER <u>Spokespeare Oil Co, Inc</u>		
MAILING ADDRESS <u>202 W main</u>		
CITY <u>Salem</u>	STATE <u>IL</u>	ZIP CODE <u>62881</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tam W		
102	Jack		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>271'</u>	CASING SIZE & WEIGHT <u>8 3/8" 23#</u>
CASING DEPTH <u>271'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>14.8</u>	SLURRY VOL <u>1.4</u>	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>16 Bbl</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting & set up on South Wind. Circulate mud.
Mix 180# surface blend & displaced 16 Bbl & shut in 12:15pm

Cement did circulate

Thanks Tam & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Surface</u>	\$1150.00	\$1150.00
MO01	112 92	MILEAGE	\$6.50	\$598.00
MO02	8.82 tons	Tan Mileage Delivery	\$1217.14	\$1217.14
CB004	180 sy	Class A 3 Pack 29001	\$24.50	\$4410.00
			sub total	\$7375.14
			less 10% disc.	\$7375.14
			sub total	\$6637.65
			SALES TAX	337.37
			ESTIMATED TOTAL	6975.02

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



DRILL STEM TEST REPORT

Prepared For: **Shakespeare Oil Co INC**

202 W Main St
Salem, IL 62881

ATTN: Vern Schrag

Edwards-Comm #1-6

6-16S.-34W Scott,KS

Start Date: 2022.08.02 @ 07:40:00

End Date: 2022.08.02 @ 14:06:09

Job Ticket #: 69209 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2022.08.08 @ 15:37:14



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Shakespeare Oil Co INC

6-16S.-34W Scott,KS

202 W Main St
Salem, IL 62881

Edwards-Comm #1-6

ATTN: Vern Schrag

Job Ticket: 69209

DST#: 1

Test Start: 2022.08.02 @ 07:40:00

GENERAL INFORMATION:

Formation: **Marmaton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 10:16:10

Time Test Ended: 14:06:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Martine Salinas

Unit No: 81

Interval: 4419.00 ft (KB) To 4460.00 ft (KB) (TVD)

Reference Elevations: 3127.00 ft (KB)

Total Depth: 4460.00 ft (KB) (TVD)

3117.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8734 Outside

Press@RunDepth: 35.66 psig @ 4420.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.08.02 End Date: 2022.08.02

Last Calib.: 2022.08.02

Start Time: 07:40:01 End Time: 14:06:10

Time On Btm: 2022.08.02 @ 10:16:00

Time Off Btm: 2022.08.02 @ 12:03:50

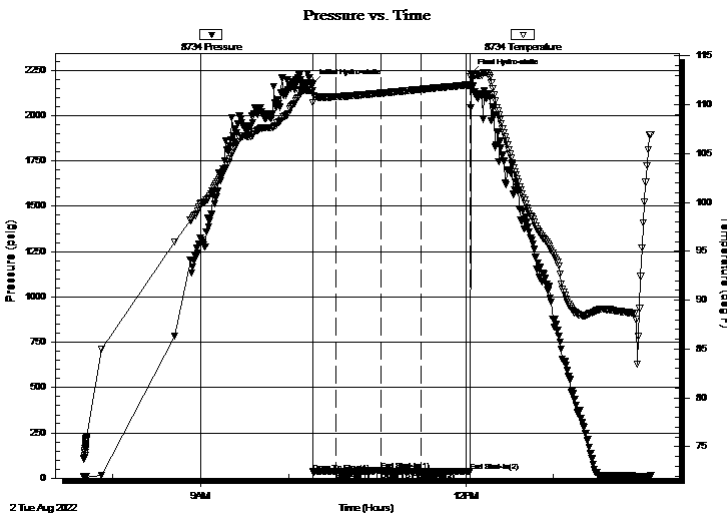
TEST COMMENT: 15-IF- Strong surface blow decreased to weak surface blow

30-ISI-No return

30-FF-No blow

30-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2174.46	111.47	Initial Hydro-static
1	34.79	110.25	Open To Flow (1)
16	36.04	110.84	Shut-In(1)
47	44.02	111.20	End Shut-In(1)
47	35.89	111.20	Open To Flow (2)
74	35.66	111.60	Shut-In(2)
107	36.72	112.05	End Shut-In(2)
108	2233.56	113.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	100% Mud w /Oil specks	0.03

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Shakespeare Oil Co INC

6-16S.-34W Scott,KS

202 W Main St
Salem, IL 62881

Edwards-Comm #1-6

Job Ticket: 69209

DST#: 1

ATTN: Vern Schrag

Test Start: 2022.08.02 @ 07:40:00

Tool Information

Drill Pipe:	Length: 4418.00 ft	Diameter: 3.80 inches	Volume: 61.97 bbl	Tool Weight:	2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	65000.00 lb
			<u>Total Volume: 61.97 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	32.00 ft			String Weight: Initial	60000.00 lb
Depth to Top Packer:	4419.00 ft			Final	60000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	41.00 ft				
Tool Length:	74.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			
Tool Comments:					

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4387.00	
Shut In Tool	5.00			4392.00	
Hydraulic tool	5.00	1113		4397.00	
Jars	5.00	01-07		4402.00	
EM Tool	5.00			4407.00	
Safety Joint	3.00	-001		4410.00	
Packer	5.00			4415.00	33.00 Bottom Of Top Packer
Packer	4.00			4419.00	
Stubb	1.00			4420.00	
Recorder	0.00	8959	Inside	4420.00	
Recorder	0.00	8734	Outside	4420.00	
Perforations	2.00			4422.00	
Change Over Sub	1.00			4423.00	
Drill Pipe	31.00			4454.00	
Change Over Sub	1.00			4455.00	
Bullnose	5.00			4460.00	41.00 Bottom Packers & Anchor
Total Tool Length:	74.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shakespeare Oil Co INC

6-16S.-34W Scott,KS

202 W Main St
Salem, IL 62881

Edwards-Comm #1-6

Job Ticket: 69209

DST#: 1

ATTN: Vern Schrag

Test Start: 2022.08.02 @ 07:40:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	100% Mud w /Oil specks	0.028

Total Length: 2.00 ft Total Volume: 0.028 bbl

Num Fluid Samples: 0

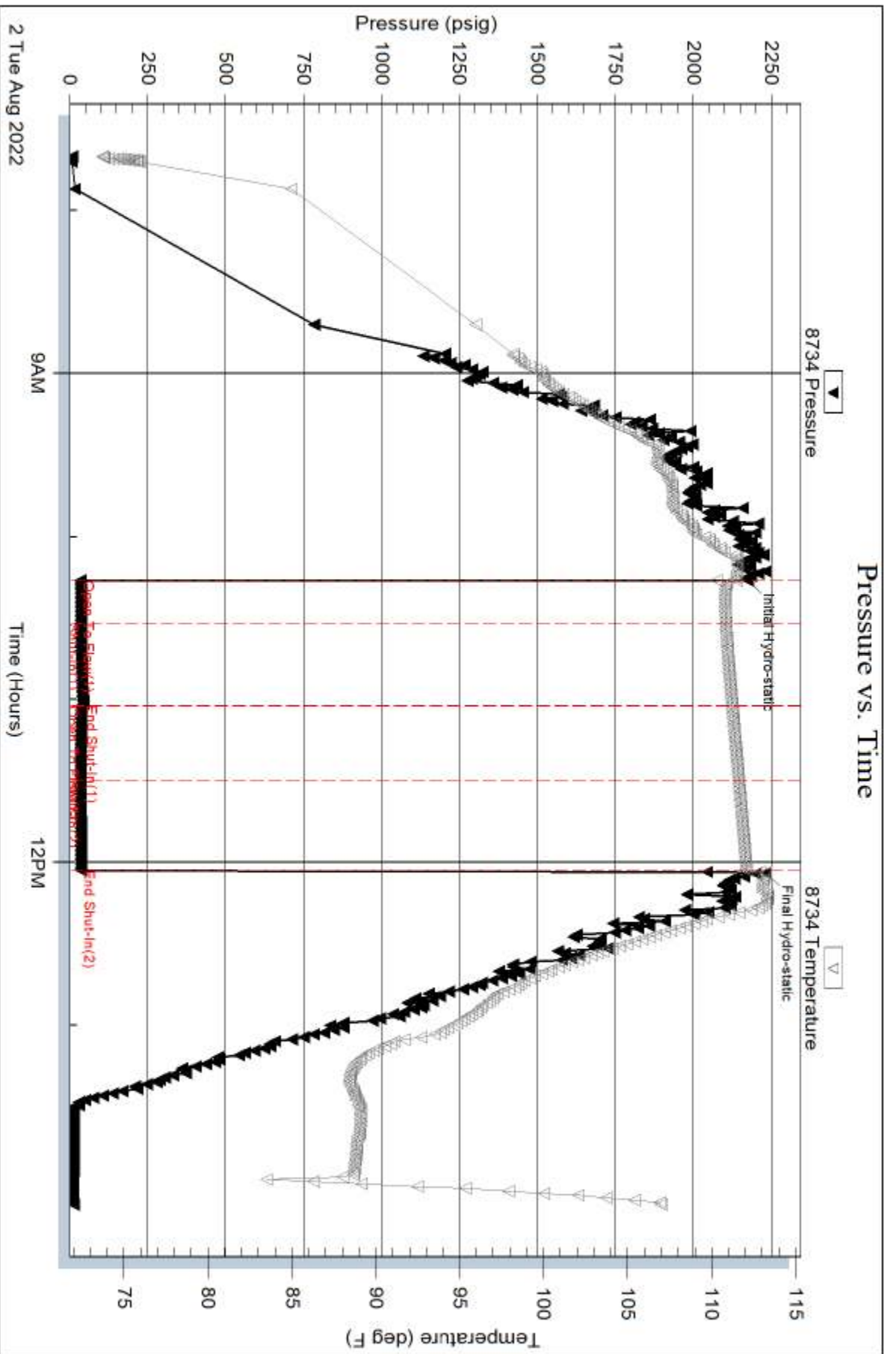
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



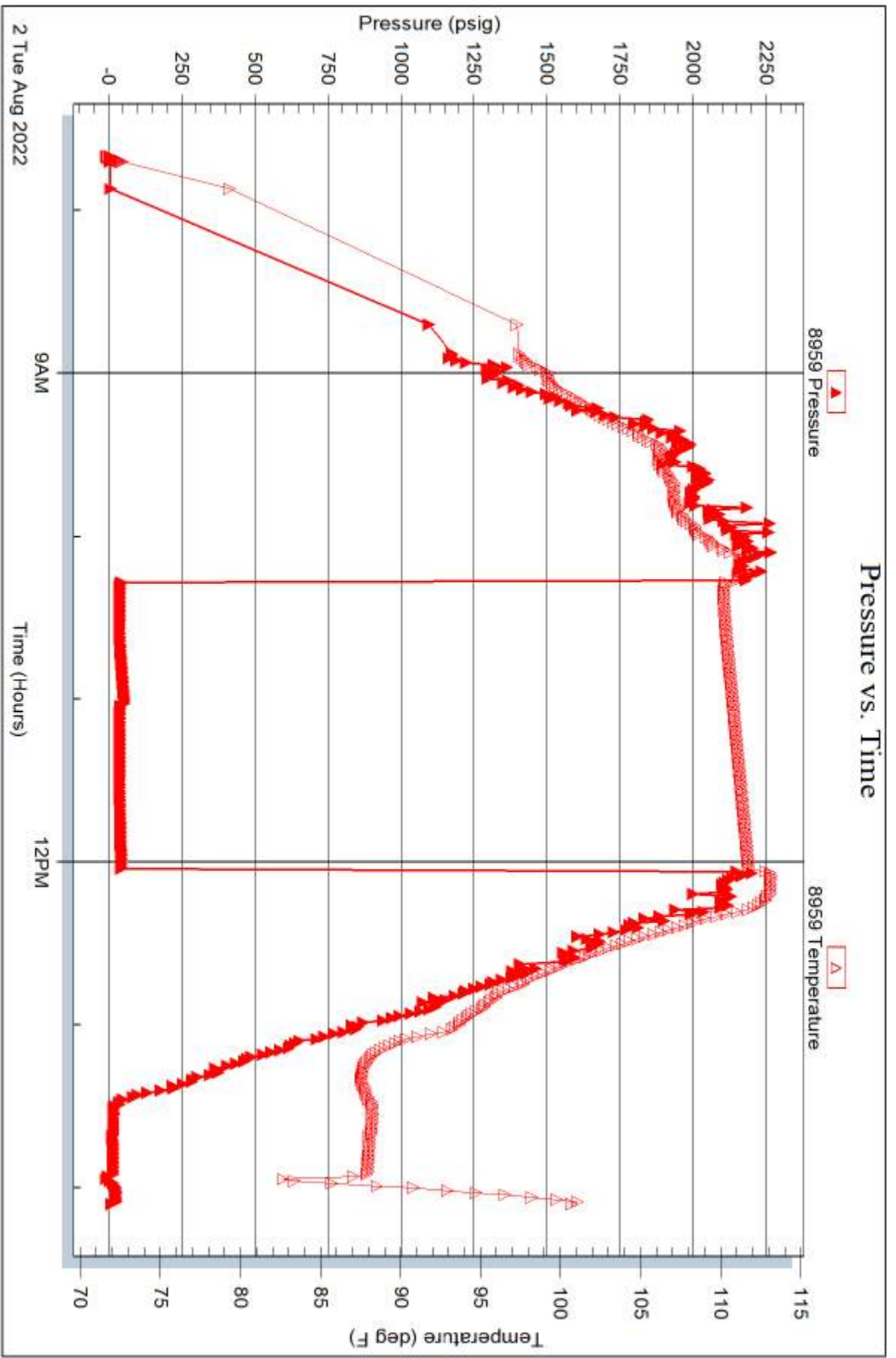
Serial #: 8959

Inside

Shakespeare Oil Co INC

Edwards-Comm #1-6

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 69209

Well Name & No. Edwards - Comm #1-6- Test No. 1 Date 8-2-20
 Company Shakespeare Oil Co. INC. Elevation 3127 KB 3117 GL
 Address 202 W. Main St. Salem, IL 62881
 Co. Rep / Geo. Vern Schrag. Rig Southwind #8
 Location: Sec. 6 Twp 16S. Rge. 34W. Co. Scott State KS.

Interval Tested 4419-4460 Zone Tested Marmaton.
 Anchor Length 41 Drill Pipe Run 4418 Mud Wt. 9.2
 Top Packer Depth 4414 Drill Collars Run — Vls 60
 Bottom Packer Depth 4419 Wt. Pipe Run — WL 8.0
 Total Depth 4460 Chlorides 2500 ppm System LCM H
 Blow Description IF - ~~NO~~ Strong surface blow decreased to weak surface blow
ISI - No return.
FF - No blow
FSI - No return.

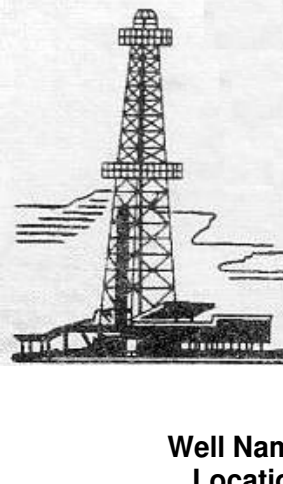
Rec	Feet of	%gas	%oil	%water	%mud
<u>2</u>	<u>Mud w/oil specks.</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 2 BHT 113 Gravity — API RW — @ — °F Chlorides — ppm
 (A) Initial Hydrostatic 2174 Test 1950 T-On Location 05:00
 (B) First Initial Flow 35 Jars 300 T-Started 07:40
 (C) First Final Flow 36 Safety Joint — T-Open 10:16
 (D) Initial Shut-In 44 Circ Sub — T-Pulled 12:01
 (E) Second Initial Flow 36 Hourly Standby — T-Out 14:06
 (F) Second Final Flow 36 Mileage SR TX 2 84+84 Comments Tools loaded @ 10:00
 (G) Final Shut-In 37 Sampler — 8-4-22
 (H) Final Hydrostatic 2234 Straddle — EM Tool -350
 Initial Open 15 Shale Packer — Ruined Shale Packer —
 Initial Shut-In 30 Extra Packer — Ruined Packer —
 Final Flow 30 Extra Recorder — Extra Copies —
 Final Shut-In 30 Day Standby 1d 20h Sub Total 800 - 350
 Accessibility — Total 2868
 Sub Total 2418 MP/DST Disc't —

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

WELLSITE GEOLOGIST'S REPORT

VERNON C. SCHRAG
CONSULTANT GEOLOGIST



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

Well Name: EDWARDS COMM. #1-6	Location: NE NE NW SW Sec. 6-16S-34W	Region: Scott Co., KS
Licence Number: API: 15-171-21291	Spud Date: July 27, 2022	Drilling Completed: August 4, 2022
Surface Coordinates: 2850' FNL & 1258' FWL		

Bottom Hole Coordinates: 3117' K.B. Elevation (ft): 3127'	Ground Elevation (ft): 3800' To: RTD Total Depth (ft): 4825'	Formation: D&A Mississippi
Logged Interval (ft): 3800'	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", 411.58'; Kelly 40.00', Tool Joint 5.5" ; Bit: 7-7/8", JZ-HA23C, 3/15s; 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 @ 256', set @ 268'

CIRCULATION SYSTEM:

Continental EMSCO D-375, duplex, 6 x 14 x 2, 58 spm, Chemical, premix, earth pits, MudCo/Service Mud, Inc., Reid Atkins, Tony Maestas.

DRILL STEM TESTS:

Trilobite Testing, Inc., Scott City, KS, Martine Salinas.

OPEN HOLE LOGS:

DN(PE), DI (SP), ML, 5" detail LTD-3800; 2" DI to surface casing; ELI Wireline Services, Hays, KS, Jeff Leubbers.

GAS DETECTION SYSTEM:

None.

