

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL **WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 7311Name: Shakespeare Oil Co., Inc.Address 1: 202 W MAIN ST

Address 2: _____

City: SALEM State: IL Zip: 62881 + 1519Contact Person: Don WilliamsPhone: (618) 548-1585CONTRACTOR: License # 5929Name: Duke Drilling Co., Inc.Wellsite Geologist: Rick HallPurchaser: CHS

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 #: _____07/15/2026 07/23/2026 08/06/2026Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-063-22494-00-00

Spot Description: _____

SE - NW NE - NW Sec. 29 Twp. 14 S. R. 29 ☐ East ☒ West600 Feet from ☒ North / ☐ South Line of Section1710 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: GoveLease Name: LUNDGREN Well #: 1-29Field Name: LundgrenProducing Formation: MississippiElevation: Ground: 2629 Kelly Bushing: 2637Total Vertical Depth: 4435 Plug Back Total Depth: 4378Amount of Surface Pipe Set and Cemented at: 221 FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set: 2008 FeetIf Alternate II completion, cement circulated from: 2008feet depth to: 0 w/ 155 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 6500 ppm Fluid volume: 2500 bblsDewatering method used: Evaporated

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 RequestedDate: 09/14/2026☐ Confidential Release Date: 09/13/2028☒ Wireline Log Received ☒ Drill Stem Tests Received☒ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Alexis Vincent Date: 09/15/2026