

ORIGINAL

9/11/09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: Shakespeare Oil Co., Inc.

Address 1: 202 W. Main St.

Address 2: _____

City: Salem State: IL Zip: 62881 + 1519

Contact Person: Don Williams

Phone: (618) 548-1585

CONTRACTOR: License # 33575

Name: WW Drilling, LLC

Wellsite Geologist: Steve Davis

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil SWD SIOW
- Gas ENHR SIGW
- CM (Coal Bed Methane) Temp. Abd.
- Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

8/18/09 8/26/09 8/27/09

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 109-20855 -0600

Spot Description: _____

S/2 _N/2 _SE _SE Sec. 10 Twp. 14 S. R. 32 East West

730 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Logan

Lease Name: Ottley Well #: 1-10

Field Name: Chalk Buttes

Producing Formation: _____

Elevation: Ground: 2794 Kelly Bushing: 2799

Total Depth: 4545 Plug Back Total Depth: 2270

Amount of Surface Pipe Set and Cemented at: 220 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 220

feet depth to: surface w/ 165 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 6500 ppm Fluid volume: 2500 bbls

Dewatering method used: Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Donald R Will

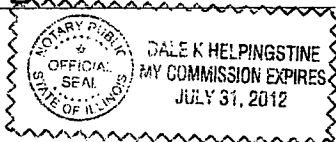
Title: VICE PRESIDENT Date: 9/11/09

Subscribed and sworn to before me this 11th day of September

2009

Notary Public: Dale K Helpingstine

Date Commission Expires: 7-31-2012



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 14 2009

CONSERVATION DIVISION
WICHITA, KS