

KCC OIL/GAS REGULATORY OFFICES

Date: 8-30-10

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 33575
 Op Name: Shakespeare O. I Co Inc
 Address 1: 202 W. Main St.
 Address 2: _____
 City: Salem
 State: IL Zip Code: 62881
 Operator Phone #: 618-548-1585

API Well Number: 15-171-20770-0000
 Spot: SW NE SW Sec 14 Twp 16 S Rng 34 E / W
1550 Feet from N / S Line of Section
1850 Feet from E / W Line of Section
 GPS: Lat: _____ Long: _____ Date: _____
 Lease Name: Radnor Well #: 1-14
 County: Scott

Reason for Investigation:

Witness Alternate II Cementing

Problem:

Persons Contacted:

Findings:

8 7/8" 348' w/ 225sx ; 4 1/2" 4794 w/ 195sx TD-4970
Port Collar ~ 2742'
Allied Cementing pumped 500sx 6 1/2 35 Ppz 8% gel thru
port collar. Full circulation. Circulated 50sx to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II Cementing Complete

Verification Sources:

- RBDMS
- T-I Database
- Other: _____
- KGS
- District Files
- TA Program
- Courthouse

Photos Taken: _____

By: Ken Lepik

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Send 1 Copy to Conservation Division

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KCC DODGE CITY

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KCC WICHITA

Form: _____

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E _____ W _____

County: _____

Lease Name: _____ Well #: _____

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No

Gauge Connections Yes No

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

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Form: _____