



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 7311
 Name: Shakespeare Oil Co., Inc.
 Address 1: 202 W MAIN ST
 Address 2: _____
 City: SALEM State: IL Zip: 62881 + 1519
 Contact Person: Donald R. Williams
 Phone: (618) 548-1585
 CONTRACTOR: License # 33935
 Name: H. D. Drilling, LLC
 Wellsite Geologist: Tim Priest
 Purchaser: NCRA

API No. 15 - 15-109-20979-00-00
 Spot Description: _____
SE NE SW NW Sec. 15 Twp. 14 S. R. 32 East West
1,900 Feet from North / South Line of Section
1,315 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Logan
 Lease Name: Ottley Well #: 8-15
 Field Name: Chalk Buttes
 Producing Formation: Johnson, Myrick Station, LKC J, I, G, H & D
 Elevation: Ground: 2769 Kelly Bushing: 2779
 Total Depth: 4500 Plug Back Total Depth: 4453
 Amount of Surface Pipe Set and Cemented at: 225 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2195 Feet
 If Alternate II completion, cement circulated from: 2195
 feet depth to: 0 w/ 325 sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>02/24/2011</u>	<u>03/06/2011</u>	<u>03/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 6500 ppm Fluid volume: 2500 bbls
 Dewatering 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

Letter of Confidentiality Received
 Date: 04/11/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/12/2011