



**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 - 15-109-20998-00-00  
 Spot Description: \_\_\_\_\_  
NW SE NE SW Sec. 17 Twp. 13 S. R. 32  East  West  
1870 Feet from  North /  South Line of Section  
2299 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Logan  
 Lease Name: Stoll Well #: 2-17  
 Field Name: Stratford West  
 Producing Formation: Morrow, Johnson  
 Elevation: Ground: 3026 Kelly Bushing: 3036  
 Total Depth: 4690 Plug Back Total Depth: 4638  
 Amount of Surface Pipe Set and Cemented at: 225 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: 2491 Feet  
 If Alternate II completion, cement circulated from: 2491  
 feet depth to: 0 w/ 830 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>05/04/2011</u>	<u>5/18/2011</u>	<u>06/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**

(Date 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: 06/23/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: NAOMI JAMES Date: 06/23/2011