

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

AMENDED

7/22/11

Operator: License # 7311
Name: Shakespeare Oil Company, Inc.
Address: 202 West Main Street
City/State/Zip: Salem, IL 62881
Purchaser: NCRA
Operator Contact Person: Donald R. Williams
Phone: (618) 548-1585
Contractor: Name: HD Drilling, LLC
License: 33935
Wellsite Geologist: Steve Davis

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>6/12/10</u>	<u>6/27/10</u>	<u>7/15/10</u>
Spud Date or Recompletion Date.	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 109-20917-0000
County: Logan
NW NE SE NE Sec. 14 Twp. 14 S. R. 32 East West
1560 feet from S / (N) (circle one) Line of Section
640 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Ottley Well #: 2-14
Field Name: Wildcat
Producing Formation: Johnson, Myrick Station, Morrow Sand
Elevation: Ground: 2808' Kelly Bushing: 2818'
Total Depth: 4540' Plug Back Total Depth: 4486'
Amount of Surface Pipe Set and Cemented at 223' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2225' Feet
If Alternate II completion, cement circulated from 2225'
feet depth to surface w/ 310 sx cmt.

Drilling Fluid Management Plan Att ILL 1-79-11
(Data must be collected from the Reserve PII)
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. Williams
Title: Vice President Date: 12/27/10
Subscribed and sworn to before me this 27th day of December
2010
Notary Public: Melissa A. Noel
Date Commission Expires: 11-6-11

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

**RECEIVED
DEC 29 2010**

**OFFICIAL SEAL
MELISSA A. NOEL
Notary Public, State of Illinois
My Commission Expires 11-08-11**

KCC WICHITA

Operator Name: Shakespeare Oil Company, Inc. Lease Name: Ottley Well #: 2-14
 Sec. 14 Twp. 14 S. R. 32 East West County: Logan

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Array Ind/SP/GR, CNL/CDL/GR/ML	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Geological Report
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23#	223'	Class A	165	2% gel, 3% CaCl
Production	7 7/8"	5 1/2"	15.5#	4539'	ASC	175	5#/sk coal-seal & 3/4% CD-31

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2225'-0'	Pozmix	310	65-35 poz w/8% gel & 1/4"/sk flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
4	Johnson	500 gal 15% MCA		4308-00, 4320-00, 4410-00
4	Myrick Station	500 gal 15% NEFe		4303-08
4	Morrow Sand			4423-28

TUBING RECORD	Size Set At 2 3/8" 4481'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 7/15/10	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 170	Gas Mcf	Water Bbls. 5	Gas-Oil Ratio	Gravity 35
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Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.)
 Other (Specify) _____