



KANSAS CORPORATION COMMISSION 1060371
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

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 - 15-109-21010-00-00
 Spot Description: _____
NE NW SE NE Sec. 35 Twp. 12 S. R. 32 East West
1575 Feet from North / South Line of Section
940 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Logan
 Lease Name: Glassman Well #: 6-35
 Field Name: Logo Northwest
 Producing Formation: Johnson

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.): _____

Elevation: Ground: 2975 Kelly Bushing: 2985
 Total Depth: 4720 Plug Back Total Depth: 4671
 Amount of Surface Pipe Set and Cemented at: 225 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2457 Feet
 If Alternate II completion, cement circulated from: 2457
 feet depth to: 0 w/ 360 sx cmt.

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>6/23/2011</u>	<u>7/4/2011</u>	<u>7/20/2011</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: 08/17/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 08/17/2011