



KANSAS CORPORATION COMMISSION 1069739  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009  
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 # 32592  
Name: Wild West Well Service, Inc.  
Wellsite Geologist: Tim Priest  
Purchaser: NCRA

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 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: Shakespeare Oil Company, Inc.  
Well Name: Frey #2-9  
Original Comp. Date: 11/07/2007 Original Total Depth: 4690  
 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 #: \_\_\_\_\_

05/30/2009    06/09/2009  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-109-20787-00-01  
Spot Description: \_\_\_\_\_  
NW SE SW NE Sec. 9 Twp. 13 S. R. 32  East  West  
2228 Feet from  North /  South Line of Section  
1779 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Logan  
Lease Name: FREY Well #: 2-9  
Field Name: Stratford West  
Producing Formation: Johnson, Ft. Scott, Pawnee, LKC "L,K,I"  
Elevation: Ground: 2999 Kelly Bushing: 3009  
Total Depth: 4690 Plug Back Total Depth: 4649  
Amount of Surface Pipe Set and Cemented at: 225 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2460 Feet  
If Alternate II completion, cement circulated from: 2460  
feet depth to: 0 w/ 450 sx cmt.

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: 12/07/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 12/09/2011



1069739

Operator Name: Shakespeare Oil Co., Inc. Lease Name: FREY Well #: 2-9  
 Sec. 9 Twp. 13 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run: <b>Attached</b>				

CASING RECORD <input 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	12.25	8.625	23	225	Common	175	2% gel, 3% CaCl
Production	7.875	5.5	15.5	4686	ASC	150	5#/sx Gilsomite, 3/4% CFF

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	2460-0	Pozmix	450	65/35 w/6% gel & 1/4#/sx 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
Attached	Attached	Attached	Attached

TUBING RECORD:		Size: 2.375	Set At: 4621	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 06/09/2009		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. 85	Gas Mcf	Water Bbls. 40	Gas-Oil Ratio	Gravity 31

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Operator	Shakespeare Oil Co., Inc.
Well Name	FREY 2-9
Doc ID	1069739

All Electric Logs Run

DIL/GR
CDL
CNL
ML
Sonic
CBL/GR

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Tops

Base Anhydrite	2513	+496
Topeka	3796	-787
Heebner	3956	-947
Lansing	3999	-990
Stark Shale	4227	-1218
BKC	4299	-1290
Cherokee Shale	4512	1503
Johnson	4555	-1546
Mississippian	4612	-1603

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Perforations

Perforations			
4	Johnson	500 gal 15% MCA	4558-62
4	Johnson	500 gal 15% MCA	4569-72
4	Ft Scott	500 gal 15% MCA	4496-99
4	Upper Ft Scott	250 gal 15% MCA	4484-86
4	Pawnee	500 gal 15% MCA	4430-38
4	LKC "L"	250 gal 15% MCA	4274-77
4	LKC "K"	250 gal 15% MCA	4240-44
4	LKC "I"	250 gal 15% MCA	4195-98