



KANSAS CORPORATION COMMISSION 1087930
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

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: Don Williams
Phone: (618) 548-1585
CONTRACTOR: License # 33935
Name: H. D. Drilling, LLC
Wellsite Geologist: Tim Priest
Purchaser: NCRA

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>05/23/2012</u>	<u>06/05/2012</u>	<u>07/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20883-00-00

Spot Description: _____
NE NE SW NW Sec. 25 Twp. 16 S. R. 34 East West
1540 Feet from North / South Line of Section
1130 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Scott
Lease Name: Carson Well #: 1-25
Field Name: Wildcat
Producing Formation: Ft Scott, Myrick Station, Marmaton
Elevation: Ground: 3104 Kelly Bushing: 3114
Total Depth: 4880 Plug Back Total Depth: 4832
Amount of Surface Pipe Set and Cemented at: 264 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2397 Feet
If Alternate II completion, cement circulated from: 2397
feet depth to: 0 w/ 800 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: 09/04/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 09/05/2012