



# CONFIDENTIAL

## OIL & GAS CONSERVATION DIVISION 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: N/A

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: \_\_\_\_\_  
 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 #: \_\_\_\_\_  
 9/4/2012    9/15/2012    9/16/2012  
 Spud Date or    Date Reached TD    Completion Date or  
 Recompletion Date    Recompletion Date

API No. 15 - 15-109-21098-00-00  
 Spot Description:  
SE NW SE Sec. 8 Twp. 14 S. R. 32 East  West  
2301 Feet from \_\_\_\_\_ North /  South Line of Section  
2270 Feet from  East / \_\_\_\_\_ West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
 County: Logan  
 Lease Name: Ottley Well #: 1-8  
 Field Name: \_\_\_\_\_  
 Producing Formation: None  
 Elevation: Ground: 2842 Kelly Bushing: 2853  
 Total Depth: 4600 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 222 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: \_\_\_\_\_  
 feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ 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: 10/08/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT | I  II  III Approved by: NAOMI JAMES Date: 10/09/2012