



# 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 # 5822  
 Name: Val Energy, Inc.  
 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 #:   

11/29/2012	12/11/2012	12/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-21094-00-00  
 Spot Description:  
 SW NE NW NE Sec. 8 Twp. 13 S. R. 32  East  West  
 450 Feet from  North /  South Line of Section  
 1760 Feet from  East /  West Line of Section

Footages Calculated from Nearest OUTSIDE Section Corner:  
 NE     NW     SE     SW  
 County: Logan  
 Lease Name: Campbell Well #: 3-8  
 Field Name: Wildcat  
 Producing Formation: N/A  
 Elevation: Ground: 2978 Kelly Bushing: 2988  
 Total Depth: 4680 Plug Back Total Depth:  
 Amount of Surface Pipe Set and Cemented at: 218 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: 01/03/2013
<input type="checkbox"/>	Confidential Release Date:
<input checked="" type="checkbox"/>	Wireline Log Received
<input checked="" type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: NAOMI JAMES Date: 01/04/2013