

KCC OIL/GAS REGULATORY OFFICES

Date: 4-3-13

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 7311

API Well Number: 15-171-20930-00-00

Op Name: Shakespeare Oil Co Inc

Spot: SE NENE Sec 28 Twp 16 S Rng 34 E / W

Address 1: 202 W. Main St

985 Feet from N / S Line of Section

Address 2: _____

335 Feet from E / W Line of Section

City: Salem

GPS: Lat: _____ Long: _____ Date: _____

State: IL Zip Code: 62881

Lease Name: Nightengale Well #: 1-28

Operator Phone #: 618 548-1585

County: Scott

Reason for Investigation:

Alternate II Cementing

Problem:

RECEIVED
KANSAS CORPORATION COMMISSION

Persons Contacted:

APR 22 2013
CONSERVATION DIVISION
WICHITA, KS

Findings:

8 7/8" @ 285'. 4 1/2" @ 4872 w/ 205 sx. Port Collar @ 2407'. TD = 4875
Allied pumped 500 sx 65/35 poz 82 gel w/ 700' cottonseed
hulls. thru port collar @ 2407'. Staged for 1 1/2 hours to get
cement to surface. Circulated 50 sx to the pit

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II Cementing Complete

Verification Sources:

- RBDMS
- T-I Database
- Other: _____
- KGS
- District Files
- TA Program
- Courthouse

Photos Taken: _____

By: Ken Sehlitz

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

RECEIVED
APR 10 2013

Form: _____

KCC DODGE CITY

Handwritten initials

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E W

County: _____

Lease Name: _____ Well #: _____

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No
Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi
Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi
Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi
Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No
Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____
Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____
Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____
Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____