

KCC OIL/GAS REGULATORY OFFICES

Date: 3-19-14

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 17311

API Well Number: 15-171-2103A-00-00

Op Name: Shakespeare Oil Co, Inc

Spot: 92 NW SE Sec. 35 Twp 16 S Rng 34 E / W

Address 1: 202 W. Main St

1630 Feet from N / S Line of Section

Address 2: _____

2080 Feet from E / W Line of Section

City: Salem

GPS: Lat: _____ Long: _____ Date: _____

State: IL Zip Code: 62881-

Lease Name: COG Well #: 1-35

Operator Phone #: 618 548 1585

County: Scott

Reason for Investigation:

Alternate II Cementing

Problem:

None

Persons Contacted:

Findings:

8 3/8" x 268' ; 5 1/2" x 4846' w/ 135x, Port Collar @ 2391', TD - 4850'
Affect pumped 400x 65/35 pps @ 29 gal w/ 300# bulbs thru port collar.
Circulate 30x to the pit.

KCC WICHITA
APR 01 2014
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Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II Cementing Complete

Verification Sources:

Photos Taken: _____

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

By: Ken Jehlik

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

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MAR 27 2014

Form: _____

KCC DODGE CITY

Handwritten mark

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: _____