## KCC OIL/GAS REGULATORY OFFICES

| Date: <u>04/22/14</u>                              | District: 01              |                 | Case #      | <b>#:</b>               |
|--|---------------------------|-----------------|-------------|-------------------------|
|  | New Situation             | Γ               | Lease Insp  | pection                 |
|  | Response to Requ          | ıest            | Complain    | t                       |
|  | Follow-Up                 | Ī,              | Field Repo  | ort                     |
|  | <u> </u>                  |                 | <del></del> |                         |
| Operator License No: 731                           | API Well Number: 1        | =               |             |                         |
| Op Name: Shakespeare Oil Co., Inc.                 |                           |                 |             | _S Rng_34E / <b>√</b> W |
| Address 1: 202 W MAIN ST                           |                           |                 |             | N / S Line of Section   |
| Address 2:   |                           |                 |             | E / W Line of Section   |
| City: Salem  | GPS: Lat: <u>38.62447</u> | Long: <u>10</u> | 1.03481 _   | Date: <u>4/22/14</u>    |
| State: <u>[L</u>                                   | Lease Name: <u>Janzen</u> |                 |             | Well #: <u>6-36</u>     |
| Operator Phone #: (618) 548-1585                   | County: Scott             |                 |             |                         |
| Reason for Investigation:                          |                           |                 |             |                         |
| Witness ALT. II                                    |                           |                 |             |                         |
| Problem:   |                           |                 |             |                         |
| None   |                           |                 |             |                         |
|  |                           |                 |             |                         |
|  |                           |                 |             |                         |
| Persons Contacted:                                 | <del>_</del>              |                 |             | <del></del>             |
| N/A  |                           |                 |             |                         |
| Findings:  |                           |                 |             |                         |
| 8-5/8" @ 267'W/190sxs cmtTD@48505-1/               | /2"@4848'W/110s           | ks cmtPort      | Collar@2    | 2362-cemented with      |
| 275sxs-65/35 poz mix-1/4#floseal                   |                           |                 |             |                         |
| 8%cc-20sxs cmt to pit                              |                           |                 |             |                         |
| Cement company: Allied                             |                           |                 |             |                         |
|  |                           |                 |             |                         |
|  |                           |                 |             |                         |
|  |                           |                 |             |                         |
|  |                           |                 |             |                         |
|  |                           |                 |             |                         |
| Action/Recommendations: Follow                     | Up Required Yes           | ✓ No 🔄          | Date:       |                         |
| Alternate II cementing requirements have been      | en met                    |                 |             |                         |
|  |                           |                 | K           | CC WICHITA              |
|  |                           |                 |             | MAY 0 6 2014            |
|  |                           |                 |             |                         |
|  |                           |                 |             | RECEIVED                |
| Verification Sources:                              |                           |                 |             | Photos Taken: 0         |
| RBDMS KGS  | A Program                 | NI_41. 34219    |             |                         |
| T-I Database                                       | Courthouse By:            | Nathan Willis   |             | <del></del>             |
| Other:   |                           |                 |             |                         |
| Retain 1 Copy District OFFICEIVED                  |                           |                 |             |                         |
| Send 1 Copy to Conservation Division  APR 2 9 2014 |                           |                 |             | Form:                   |

KCC DODGE CITY

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| Date: <u>04/22/14</u>              |                  |                  | District:        | 01                      | Lice            | ense #: <u>731</u>                     | _    |
|------------------------------------|------------------|------------------|------------------|-------------------------|-----------------|--|------|
| Op Name: <u>731</u>                |                  |                  | Spot: <u>N</u> E | Spot: NE SW NW NW Sec 3 |                 | S Rng <u>34</u> E 🕢 '                  | W    |
| County: Scott                      |                  | <u> </u>         | Lease Na         | me: <u>Janzen</u>       |                 | Well #: <u>.6-36</u>                   | _    |
| I.D. Sign Yes No                   |                  |                  | 7                | Gas Venting             | Yes No          |  | ÷0   |
| Tank Battery Conditio              | _                | Overflow         | ing जि           | Pits Fluid Depth:       | ft; Approx. Siz | e:ft. xft.                             | ·•   |
| Pits, Injection Site               |                  |                  | <del>-</del> -   | Saltwater Pi            | pelines         |  | ارد، |
| Fluid Depth:ft;                    | Approx. Size     | :ft.             | . xft.           | Leaks Visible           |                 | —————————————————————————————————————— | N    |
| Oil Spill Evidence                 |                  |                  |                  | Flowing Hol             | es<br>          |  |      |
| Abandoned Well Poo                 | tential Pollutio | n Problem        | Yes No 🖾         | TA Wells                |                 |  |      |
|                                    |                  |                  |                  | Monitoring 1            | Records         |  |      |
| Lease Cleanliness  Very Good Satis | sfactory P       | oor 🔲 Very       | Bad              |                         |                 |  |      |
| SWD/ER Injection Well              | Yes No           |                  | Scott 🖸          | Gauge Connecti          | ons Yes No      |  | Të)  |
| Permit #: Press                    | sure – Actual:_  | psi; Aut         | horized: psi     | Tubing:                 | ; T/C Annulus:  | ; C/SP Annulus:                        |      |
| Permit #: Press                    |                  |                  |                  |                         |                 | ; C/SP Annulus:                        |      |
| Permit #: Press                    |                  |                  |                  |                         |                 | ; C/SP Annulus:                        |      |
| Permit #: Press                    | sure – Actual:_  | psi; Aut         | horized: psi     | Tubing:                 | ; T/C Annulus:  | ; C/SP Annulus:                        | _    |
| API<br>Number                      | Footages         | Spot<br>Location | GPS              | Well #                  |                 | Well<br>Status                         |      |
|                                    |                  |                  |                  |                         |                 |  |      |
| ACH IONALO                         | Cyst .           |                  |                  |                         |                 |  |      |
| शह देए ४                           | 134              |                  |                  |                         |                 |  |      |
| 1 5/1-5- 40                        | :                |                  |                  |                         |                 |  |      |
|                                    |                  |                  |                  |                         |                 |  |      |
|                                    |                  |                  |                  |                         |                 |  |      |
|                                    |                  |                  |                  |                         |                 |  |      |

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