



**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 # 32592  
Name: Wild West Well Service, Inc.  
Wellsite Geologist: none  
Purchaser: \_\_\_\_\_

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: Shakespeare Oil Company, Inc.  
Well Name: Ottley 1-14  
Original Comp. Date: 06/24/2010 Original Total Depth: 4550  
 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 #: \_\_\_\_\_

01/09/2013    01/17/2013  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-109-20896-00-01  
Spot Description: \_\_\_\_\_  
SE NW NW NE Sec. 14 Twp. 14 S. R. 32  East  West  
340 Feet from  North /  South Line of Section  
2230 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Logan  
Lease Name: Ottley Well #: 1-14  
Field Name: \_\_\_\_\_  
Producing Formation: LKC "K" & "B", Morrow, Johnson, Myrick Stataion, LKC "H", "F" & "E"  
Elevation: Ground: 2808 Kelly Bushing: 2813  
Total Depth: 4550 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: 2231 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_  
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: 01/24/2013  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 01/24/2013