

Document Number:
401505518

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 77500 Contact Name: A. TOBIAS ECK
 Name of Operator: SHAKESPEARE OIL CO INC Phone: (316) 305-0572
 Address: 202 WEST MAIN ST Fax: (618) 548-1594
 City: SALEM State: IL Zip: 62881

API Number 05-009-06681-00 County: BACA
 Well Name: H-C Well Number: 1-7A
 Location: QtrQtr: NESW Section: 7 Township: 33S Range: 41W Meridian: 6
 Footage at surface: Distance: 2035 feet Direction: FSL Distance: 1501 feet Direction: FWL
 As Drilled Latitude: 37.183834 As Drilled Longitude: -102.089878

GPS Data:
 Date of Measurement: 01/19/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Burt West

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/13/2017 Date TD: 12/22/2017 Date Casing Set or D&A: 12/23/2017
 Rig Release Date: 01/23/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4950 TVD** _____ Plug Back Total Depth MD _____ TVD** _____
 Elevations GR 3732 KB 3743 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Neutron/Density w/ PE, DIL w/ SP, Micro, Gamma Ray

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/2	13+3/8	48	0	592	485	0	592	VISU
2ND	12+1/4	8+5/8	24	0	1,352	150	875	1,365	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
STONE CORRAL	1,462		NO	NO	
TOPEKA	2,970		NO	NO	
LANSING	3,340		NO	NO	
MARMATON	4,009		NO	NO	
CHEROKEE	4,160		NO	NO	
ATOKA	4,424		NO	NO	
MORROW	4,590		NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: A. TOBIAS ECK

Title: EXPLORATION GEOLOGIST

Date: _____

Email: TOBY@SHAKESPEARE-OIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401506435	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401505538	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401505539	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401505540	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401505543	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401506398	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401506433	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)