



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082821
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1082821

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shell Gulf of Mexico Inc.
Well Name	CIRCLE INDUSTRIES 3310 25-1
Doc ID	1082821

Tops

Name	Top	Datum
Mississippi	4629	
Compton Limestone	4850	
Kinderhook Shale	4881	
Woodford Regional	4942	
Viola Limestone	4972	
Simpson Group	4985	
Arbuckle	5195	
Gunter Sandstone	6151	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 14-APR-12	F.R. # 1001901883	SERV. SUPV. JUSTIN D STAMPER
LEASE & WELL NAME CIRCLE INDUSTRIES 3310 #25-1 - API 15007237930	LOCATION 25-33S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 102		TYPE OF JOB Surface

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
9-5/8" Top Cem Plug, Nitrile cvr, Phe	Shoe PROVIDED BY CUSTOMER						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
WATER			8.34				20	
CLASS C+ 2%CACL2+.25#CELLOFLKE		500	14.8	1.35	6.34	02:45	120	75.34
WATER			8.34				60	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			<u>200</u>	<u>75.34</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		800	8.921	9.625	36	CSG	800	800	J-55			

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID	
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
17.	18	84		60	60					9.625	8RD	WATER BASED MU	8.5

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	RIG
60	BBLS	WATER	8.34	120					3160	1500	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP, WAIT ON RIG

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 3000 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
20:30						ARRIVE ON LOCATION	
23:30						SAFETY MEETING	
23:56	3200				WATER	TEST LINES, START WATER AHEAD	
00:05	130		4	20	WATER	FINISH WATER, START SLURRY	
00:37	180		4	120	SLURRY	FINISH SLURRY, SHUT DOWN, DROP PLUG, DISPLACE	
00:51	400		6	49	WATER	SLOW DOWN TO BUMP PLUG	
00:55	350		3	10	WATER	BUMP PLUG, PRESSURE TO 950PSI	
00:56	0			-.25	WATER	BLEED OFF RECEIVED .25 BBLS BACK TO TRUCK	
						FLOATS HOLDING	
						THANK YOU FOR USING BHI	
						JUSTIN STAMPER AND CREW	

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	900	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	65	199	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 25-APR-12	F.R. # 1001903938	SERV. SUPV. JUSTIN D STAMPER
LEASE & WELL NAME CIRCLE INDUSTRIES 3310 #25-1 - API 15007237930	LOCATION 25-33S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 102		TYPE OF JOB Intermediate

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
7" Top Cem Plug, Nitrile cvr, Phen	Shoe PROVIDED BY CUSTOMER						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
SEALBOND SPACER			8.45				40	
15:85:8(POZ,C,GEL)+10%SALT+.5%SMS+4PPS KOLS		790	12.4	2.45	13.51	05:00	344.46	253.93
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		200	14.2	1.32	5.66	02:56	47	26.94
WATER			8.34				207	

Available Mix Water <u>600</u> Bbl.	Available Displ. Fluid <u>600</u> Bbl.	TOTAL	<u>638.46</u>	<u>280.87</u>
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HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		5270	6.366	7	23	CSG	5260	5260	L-80	5260	5258	

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.9	9.625	36		800	800				4600	4600	7	8RD	WATER BASED MU	9

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	
207	BBLS	WATER	8.34	1500					5072	3000	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP, WAIT ON CASING

PRESSURE/RATE DETAIL						EXPLANATION					
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>					
	PIPE	ANNULUS				TEST LINES 5600 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
06:00						ARRIVE ON LOCATION,					
22:00						SAFETY MEETING					
23:00	5600					TEST LINES, SEAL BOND PUMPED BY RIG, START LEAD SLURRY					
00:21	200		4	345	LEAD	FINISH LEAD, START TAIL SLURRY					
00:35	400		4	47	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG AND DISPLACE					
01:19	1000		4	197	WATER	SLOW TO BUMP PLUG					
01:24	1200		2	10	WATER	BUMP PLUG PRESSURE TO 1700 PSI					
						SHUT WELL IN WITH 1700 PSI ON WELL					
						THANK YOU FOR USING BHI					
						JUSTIN STAMPER AND CREW					

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1700	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	621	1700	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 07, 2012

Damonica Pierson
Shell Gulf of Mexico Inc.
150 N DAIRY-ASHFORD (77079)
PO BOX 576 (77001-0576)
HOUSTON, TX 77001-0576

Re: ACO1
API 15-007-23793-00-00
CIRCLE INDUSTRIES 3310 25-1
SW/4 Sec.25-33S-10W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Damonica Pierson