



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1085649
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: _____

1085649

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shell Gulf of Mexico Inc.
Well Name	HOSTETLER 3107 30-1
Doc ID	1085649

Tops

Name	Top	Datum
Cherokee Group	4251	
Mississippi	4376	
Compton	4619	
Kinderhook	4630	
Woodford Regional	4694	
Viola	4739	
Simpson Group	4761	
Arbuckle	4881	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 04-JUN-12	F.R. # 1001913610	SERV. SUPV. JUAN D MAESTAS
LEASE & WELL NAME HOSTETLER 3107 #30-1 - API 15077217610000	LOCATION 30-31S-7W		COUNTY-PARISH-BLOCK Harper 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	Float Shoe 9-5/8 - 8rd						

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
C + Additives		500	14.8	1.35	6.34	02:45	119.89	75.45
Displacement			8.34				54.89	
Water			8.34				20	
Available Mix Water <u>450</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL				
						194.78		75.45

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		750	8.921	9.625	36	CSG	750	750		757.5	708.9	

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	8 RND	WATER BASED MU	8.8

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	
54.9	BBLS	Displacement	8.34	350	0	0	0	0	3520	2816	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING:

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"/>	
17:30	0	0	0	0	0	ARRIVED ON LOCATION	
17:35	0	0	0	0	0	HAZARD ASSESMENT WALK AROUND	
21:00	0	0	0	0	0	CIRCULATED THROUGH TOOL	
21:20	0	0	0	0	0	HELD SAFTY MEETING WITH RIG CREW	
22:13	0	0	0	0	H2O	TEST PUMP AND LINES TO 2500 PSI	
22:14	200	0	2.8	20	H2O	PUMP FRESH WATER SPACEER	
20:21	430	0	6.3	120	CMT	PUMP SLURRY @ 14.8 PPG	
22:44	0	0	0	0	CMT	SHUT DOWN	
22:48	240	0	3.5	0	H2O	DROP TOP PLUG AND DISPLACE CEMENT TO SURFACE	
22:53	370	0	5	20	H2O	INCREASE RATE	
22:55	380	0	3.7	30	H2O	SLOW RATE	
22:59	400	0	3.77	40	H2O	SEE LIFT PRESSURE	
23:00	330	0	2	45	H2O	SLOW RATE	
23:04	900	0	2	53	H2O	BUMP TOP PLUG TO 1600 PSI	
23:07	0	0	0	0	H2O	BLEED PRESSURE .5 BBLS RTN FLOAT HELD	

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	54	195	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 18-JUN-12	F.R. # 1001916101	SERV. SUPV. JUSTIN D STAMPER										
LEASE & WELL NAME HOSTETLER 3107 #30-1 - API 15077217610000		LOCATION 30-31S-7W		COUNTY-PARISH-BLOCK Harper 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
SEAL BOND								8.45		40				
15:85:8(POZ,C,GEL)+10%SALT+.6%SMS+4#KOLSE#				1,065				12.4		2.45		13.51 05:00 464.1 342.13		
50:50:2(POZ,C,GEL)+5%SALT+3%FL52+.15%XXM				80				14.2		1.32		5.66 05:00 19 10.89		
WATER								8.34				194		
Available Mix Water		1000 Bbl.		Available Displ. Fluid		1000 Bbl.		TOTAL		717.1 353.02				
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS					
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
8.75		4970	6.366	7	23	CSG	4965	4965	L-80	4965	4919			
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		750	750			4600	4600	7	8RD	WATER BASED ML	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		
194	BBSL	WATER		8.34	1095						5072	3500	RIG	
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, 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 4500 PSI								
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>								
21:00						ARRIVE ON LOCATION								
13:30						SAFETY MEETING								
14:33	4400				WATER	TEST LINES, SEAL BOND PUMPED BY RIG, START LEAD SLURRY								
16:19	800		5	405	LEAD	FINISH LEAD, START TAIL SLURRY, LEAD CUT SHORT AS PER CUSTOMER ON LOCATION								
16:26	500		3	19	TAIL	FINISH TAIL SLURRY, DROP PLUG AND DISPLACE								
17:07	1800		5	178	WATER	SLOW DOWN TO BUMP PLUG								
17:13	1800		3	194	WATER	BUMP PLUG, PRESSURE TO 2200 PSI								
17:23	0				WATER	BLEED OFF RECIVED 1.5 BBSL BACK TO TRUCK								
FLOATS HOLDING														
RECIVED 225 BBSL OF CEMENT TO SURFACE.														
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	2200	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	225	619	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N								

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



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 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 15-077-21761-00-00
HOSTETLER 3107 30-1
SW/4 Sec.30-31S-07W
Harper 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