



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090563
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: _____

1090563

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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	Watkins & Farney 18-1
Doc ID	1090563

Tops

Name	Top	Datum
HUSHPUCKNEY	4508	
MARMATON	4607	
PAWNEE	4672	
MISSISSIPPI	4836	
KINDERHOOK	5120	
WOODFORD	5160	
SIMPSON GROUP	5376	
ARBUCKLE	5567	

SHELL GULF OF MEXICO, INC. (34574)	Watkins Farney 3510 18-1	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD	3/5/2012	3/5/2012
spud in date	3/6/2012	3/9/2012
T.D date	3/7/2012	3/9/2012
Size Hole Drilled	26" Diam	18"
Size Casing Set (in O.D)	18"	14"
conductor wall thickness	.250	.118
Weight Lbs./Ft.	47.44 ppf	27.76 ppf
Setting Depth	62'	77'
Type of Cement	Type 1\2 portland cement	Type 1\2 portland cement
Cubic yards of cement	7.5 cu yds	7 cu ysd
2500 PSI Grout Mix	Yes	yes
Type and Percent of Additives	15% Fly ash	15% Fly ash
Comments	0-12' soil 12'-17' mud and water 17'-48' clay 48'-60' hard clay	0-12' soil 12'-17' mud and water 17'-48' clay 48'-60' hard clay

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 30-JUN-12	F.R. # 1001918264	SERV. SUPV. JUSTIN D STAMPER										
LEASE & WELL NAME WATKINS FARNEY 3510 #18-1 - API 150772378300		LOCATION 18-35S-10W		COUNTY-PARISH-BLOCK Barber Kansas										
DISTRICT McAlester		DRILLING CONTRACTOR RIG # Nabors 180		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, Phc		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		
C+2%CACL2+.25#CELOFLK				500				14.8	1.35	6.34	02:45	119.89	75.45	
Water								8.34				58		
Available Mix Water		1000 Bbl.		Available Displ. Fluid		1000 Bbl.		TOTAL		197.89		75.45		
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS					
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
12.25		803	8.921	9.625	36	CSG	794	794	J-55	794	751			
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 ML	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			
58.8	BBLs	Water		8.34	150					2186	1500	Frac tank		
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 3500 PSI								
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>								
21:00						ARRIVE ON LOCATION								
17:00						SAFETY MEETING								
17:25	3600				WATER	TEST LINES, START WATER AHEAD								
17:32	150		5	20	WATER	FINISH WATER, START SLURRY								
18:05	200		3	120	SLURRY	FINISH SLURRY, DROP PLUG, START DISPLACMENT								
18:21	350		4	48	WATER	SLOW TO BUMP PLUG								
18:24	350		3	10	WATER	BUMP PLUG, PRESSURE TO 1000 PSI								
						BLEED OFF RECIVED .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	1000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	35	198	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N								

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC			DATE 13-JUL-12		F.R. # 1001920761		SERV. SUPV. JONATHAN M SCHULZ III						
LEASE & WELL NAME WATKINS & FARNEY 3510 #18-1 - API 15007237830			LOCATION 18-35S-10W			COUNTY-PARISH-BLOCK Barber Kansas							
DISTRICT McAlester			DRILLING CONTRACTOR RIG # Nabors 180			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		Provided by customer											
Cement Plug, Rubber, Bottom 7 in													
PHYSICAL SLURRY PROPERTIES													
MATERIALS FURNISHED BY BJ				LAB REPORT NO.		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER	
Sealbond Spacer25							8.45				40		
C15:85:8 +4ppsKolSeal+10%NaCl+.25ppsCelloflake+						1,225	12.4	2.45	13.51	05:00	500	368.59	
C50:50:2 +4ppsKolSeal+.3%FL-52+5%NaCl+.25ppsCe						80	14.2	1.32	5.66	03:30	20	11.46	
fresh water							8.34				219		
Available Mix Water			900 Bbl.		Available Displ. Fluid			500 Bbl.		TOTAL		779	380.06
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
8.75		5610	6.366	7	23	CSG	5590	5590	L-80				
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		
218.5	BBLs	fresh water		8.34	1223						3000	frac tanks	
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location @ 0100/ wait on bulk equipment to arrive at 0900													
PRESSURE/RATE DETAIL						EXPLANATION							
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input type="checkbox"/> CO. REP. <input type="checkbox"/>							
	PIPE	ANNULUS				TEST LINES 4500 PSI							
						CIRCULATING WELL - RIG <input type="checkbox"/> BJ <input type="checkbox"/>							
11:20				40		rig pump seal bond spacer							
11:28						Pressure test							
11:32	754		3		LEAD	open well/start lead slurry @ 12.4ppg							
12:53	212		4	340	LEAD	bbls of lead pumped when lost circulation/slow rate							
13:47	100		3	500	LEAD	end lead slurry/start tail slurry @ 14.2ppg							
13:56	90		2	20	TAIL	end tail slurry/ shutdown							
13:59	50		2		WATER	drop TRP/start displacment							
14:27	276		3	97	WATER	see lift							
15:10	1222		3	219	WATER	end displacement/ shutdown/ no bump							
15:17	0			-5		check float/ holding/ .5bbls return							
						Calculated Top of Tail 4992'							
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:						
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	0	779	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>							

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 02, 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 15-007-23783-00-00
Watkins & Farney 18-1
SE/4 Sec.18-35S-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