



Confidentiality Requested:

Yes  No

**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:

- |   |                                   |                                     |                               |
|---|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well   | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover   |                               |
| <input type="checkbox"/> Oil  | <input type="checkbox"/> WSW      | <input type="checkbox"/> SWD        | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas  | <input type="checkbox"/> D&A      | <input type="checkbox"/> ENHR       | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG   | <input type="checkbox"/> GSW      | <input type="checkbox"/> Temp. Abd. |                               |
| <input type="checkbox"/> CM (Coal Bed Methane)  |                                   |                                     |                               |
| <input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                   |                                     |                               |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening       | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back       | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |
|  |                                       |  |                                       |
| <input type="checkbox"/> Commingled      | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> Dual Completion | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> SWD             | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> ENHR            | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> GSW             | Permit #: _____                       |  |                                       |

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
_____	_____	_____

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

- |  |
|--|
| <input type="checkbox"/> Confidentiality Requested   |
| Date: _____  |
| <input type="checkbox"/> Confidential Release Date: _____  |
| <input type="checkbox"/> Wireline Log Received   |
| <input type="checkbox"/> Geologist Report Received   |
| <input type="checkbox"/> UIC Distribution  |
| ALT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Approved by: _____ Date: _____ |

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](mailto: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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

SHELL GULF OF MEXICO, INC. (34574)	PAULY 3002-6	
<b>PETE MARTIN DRILLING (34645)</b> <b>(SET THE CONDUCTOR)</b>	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD	7/9/2012	
spud in date	7/10/2012	7/13/2012
T.D date	7/11/2012	7/13/2012
Size Hole Drilled	26"	20"
Size Casing Set (in O.D )	18"	14"
conductor wall thickness	250	188
Weight Lbs./Ft.	47.76	27.76
Setting Depth	60'	77'
Type of Cement	type 1/2 portland cement	type 1/2 portland cement
Cubic yards of cement	6	6cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-6' dirt 6'-16' red clay 16'-25' gray sand and clay 25'-37' gray shale 37'-60' gray shale and jipson water@22'	0-8' brown dirt 8'-16' red clay 16'-18' gray clay 18'-32' hard gray shale 32'-77' gray clay and jipson water@22'

# CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 30-JUL-12	F.R. # 1001925960	SERV. SUPV. GREGORY S WRIGHT
LEASE & WELL NAME PAULY 3002 #6-1 - API 15191226590000	LOCATION 6-30S-2W		COUNTY-PARISH-BLOCK Sumner 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	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 Spacer			8.34				20	
C+ 0.01% Static Free + 2% CaCl2 + .25pps Celloflak		145	14.8	1.35	6.34	02:45	34	21.35
Water			8.34				10.3	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>460</u> Bbl.		TOTAL			<u>64.3</u>	<u>21.35</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		191	8.921	9.625	36	CSG	181	181	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		64	64						9.625	8RD	WATER BASED MU	8.45

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	
10.3	BBLS	Water	8.34	54					2816	1200	Rig Tank

**EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING:** Arrive on location @ 1100, Skidding & rigging up rig, Drill to depth, Running 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 2548 PSI	
						CIRCULATING WELL - RIG <input type="checkbox"/> BJ <input checked="" type="checkbox"/>	
11:00						Arrive on location 7/29/2012	
06:38	2548				WATER	test pumps & lines 7/31/2012	
06:40	50		2		WATER	open well/start water spacer to break circulation	
06:45	147		3	20	WATER	end water spacer/start slurry @ 14.8ppg	
06:54	153		3	30	SLURRY	bbls of slurry pumped when cement to surface	
06:56	157		3	34	SLURRY	end slurry/ shutdown	
06:58	179		3		WATER	drop TRP/start displacement	
07:01	255		3	10.3	WATER	bump plug/ pressure falls to 50psi	
07:17	48					test float/ not holding/ shut in well	
						14 bbls cement return to surface	
						Thanks for Using BHI Pressure Pumping	
						Jonathan Schulz & 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	255	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	14	64	24	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

# CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 13-AUG-12	F.R. # 1001928397	SERV. SUPV. JUSTIN D STAMPER
LEASE & WELL NAME PAULY 3002 #6-1 - API 15191226590000	LOCATION 6-30S-2W		COUNTY-PARISH-BLOCK Sumner 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			8.42				40	
15:85:8(POZ:C:GEL)+10%SALT+.6%SMS+4#KOLSEAL		1,040	12.4	2.45	13.52	06:00	453	334.19
50:50:2(POZ,C,GEL)+5%SALT+4#KOLSEL+.15%SMS+		80	14.2	1.32	5.66	03:05	18	10.32
WATER			8.34				170	

Available Mix Water 1000 Bbl. Available Displ. Fluid 1000 Bbl. TOTAL 681 344.51

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4363	6.366	7	23	CSG	4350	4350	L-80	4350	4305	

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		200	200			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	RIG
170	BBLs	WATER	8.34	931					5072	3000	RIG

**EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING ARRIVE ON LOCATION, WAIT ON RIG TO RUN 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 5500 PSI	
						CIRCULATING WELL - RIG <input type="checkbox"/> BJ <input type="checkbox"/>	
22:15						ARRIVE ON LOCATION	
17:30						SAFETY MEETING	
18:30	5900				WATER	TEST LINES, START LEAD SLURRY	
19:59	200		5	453	LEAD	FINISH LEAD, START TAIL SLURRY	
20:04	100		3	18	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG, START DISPLACEMENT	
20:34	750		7	160	WATER	SLOW TO BUMP PLUG	
20:36	600		3	10	WATER	BUMP PLUG PRESSURE TO 1200 PSI	
20:41	0					BLEED OFF RECEIVED 1 BBLs BACK TO TRUCK	
						RECEIVED 0 BBLs OF CEMENT BACK 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	1200	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	642	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

## Summary of Changes

Lease Name and Number: PAULY 3002 6-1

API/Permit #: 15-191-22659-00-00

Doc ID: 1093890

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/19/2012	09/18/2012
CasingAdd_Type_PctP DF_2		See attached
CasingAdd_Type_PctP DF_3		See attached
CasingNumbSacksUse dPDF_2		145
CasingNumbSacksUse dPDF_3		1000
CasingPurposeOfString PDF_2		Surface
CasingPurposeOfString PDF_3		Intermediate
CasingSettingDepthPD F_2		181
CasingSettingDepthPD F_3		4350
CasingSizeCasingSetP DF_2		9.625

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_3		7
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		8.75
CasingTypeOfCementP DF_2		Class C
CasingTypeOfCementP DF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		23
Completion Or Recompletion Date	07/11/2012	09/15/2012
Date Reached TD	07/11/2012	08/27/2012
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Dual Spaced Neutron Spetral Density
Formation Top Source - Log	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Liner Run?		No
Method Of Completion - Open Hole	No	Yes
Perf_Record_1	CONDUCTOR ONLY	
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1087994	../../../../kcc/detail/operatorEditDetail.cfm?docID=1093890
Spud Or Recompletion Date	07/10/2012	07/30/2012
TopsDepth1		3601
TopsDepth2		3745
TopsDepth3		4080
TopsDepth4		4109
TopsDepth5		4140
TopsDepth6		4172



Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth7		4300
TopsName1	CONDUCTOR ONLY	Cherokee Group
TopsName2		Mississippi
TopsName3		Compton
TopsName4		Kinderhook
TopsName5		Woodford
TopsName6		Simpson Group
TopsName7		Arbuckle
Tubing Packer At		4291
Tubing Record - Set At		4291
Tubing Size		4.5"

## Summary of Attachments

Lease Name and Number: PAULY 3002 6-1

API: 15-191-22659-00-00

Doc ID: 1093890

Correction Number: 1

Attachment Name

PAULY 3002 6-1 SWD Conductor cmt.

PAULY 3002 6-1 SWD Surface cement

PAULY 3002 6-1 SWD Internediate cmt.



**CONFIDENTIAL**

**WELL COMPLETION FORM**

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1087994

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

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  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 19, 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 15-191-22659-00-00  
PAULY 3002 6-1  
NW/4 Sec.06-30S-02W  
Sumner 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