



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <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
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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: _____



1097253

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	Schupbach 3510 4-1
Doc ID	1097253

Tops

Name	Top	Datum
Marmaton	4505	
Pawnee	4598	
Cherokee	4647	
Mississippi	4745	
Woodford	5093	
Viola	5162	
Simpson	5261	
Arbuckle	5433	

SHELL GULF OF MEXICO, INC. (34574)	Schupbach 3510-4	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD	5/4/2012	
spud in date	5/5/2012	5/9/2012
T.D date	5/6/2012	5/9/2012
Size Hole Drilled	26'	20"
Size Casing Set (in O.D)	18"	14"
conductor wall thickness	250	188
Weight Lbs./Ft.	47.76ppf	27.76
Setting Depth	60'	77'
Type of Cement	type 1/2 portland cement	
Cubic yards of cement	7cy	6cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-8' dirt 8'-24'clay 24'-38-sand 38'-60' clay	0-8' dirt 8'-15' clay 15'-35' sand 35'-60' clay 70'-77' sand water@24'

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 22-AUG-12	F.R. # 1001929670	SERV. SUPV. JUSTIN D STAMPER
LEASE & WELL NAME SCHUPBACH 3510 #4-1 - API 15007238520000	LOCATION 4-35S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG #		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#CELLOFLK		500	14.8	1.35	6.34	02:45	119.89	75.45
Water			8.34				58	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>120</u> Bbl.		TOTAL			<u>197.89</u>	<u>75.45</u>

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		814	8.921	9.625	36	CSG	787	787	K-55	787	746	

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	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/XPORT
58	BBLS	Water	8.34	260					2816	1500	RIG/XPORT

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 3000 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
06:15						ARRIVE ON LOCATION	
12:30						SAFETY MEETING	
12:50	3000				WATER	TEST LINES, START WATER AHEAD	
12:56	100		4	20	WATER	FINISH WATER, START SLURRY	
13:34	250		3	120	SLURRY	FINISH SLURRY, SHUT DOWN, DROP PLUG AND DISPLACE	
13:47	500		5	48	WATER	SLOW TO BUMP PLUG	
13:51	350		3	10	WATER	BUMP PLUG, PRESSURE TO 800PSI, HOLD FOR 30 MINS	
14:21	0				WATER	BLEED OFF RECIVED .25 BBLS BACK TO TRUCK	
						FLOATS HOLDING	
						RECIVED 65 BBLS OF CMT 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	800	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	65	198	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 31-AUG-12	F.R. # 1001931873	SERV. SUPV. Jack Roberts									
LEASE & WELL NAME SCHUPBACH 3510 #4-1 - API 15007238520000		LOCATION 4-35S-10W		COUNTY-PARISH-BLOCK Barber Kansas									
DISTRICT McAlester		DRILLING CONTRACTOR RIG #		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		Guide Shoe, Cement Nose, 7 in											
7" Bot Cem Plug, Nitrile cvr, Phen		Float Collar, Auto Fill, 7 - 8rd											
MATERIALS FURNISHED BY BJ				PHYSICAL SLURRY PROPERTIES									
				LAB REPORT NO.	SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER		
C50:50:2+2%NACL2+.25#/SXCF+4#/S XKOLSEAL+.3% H2O					80	14.2	1.32	5.66	03:45	18.77	10.78		
SealBond Spacer 25 (w/ 45lb bag)						8.34				216.5			
15:85:810%NACL2+.25#/SXCF+4#/S XKOLSEAL+.5%					1,210	12.4	2.45	13.51	05:00	527.29	389.29		
Available Mix Water 1000 Bbl.		Available Displ. Fluid 600 Bbl.		TOTAL				802.55	400.06				
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
8.75	350	5544	6.366	7	23	CSG	5544	5462	L-80	5544	5496	0	
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	CSG	800	800	NO PACKER	0	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			
216.5	BBLS	H2O	8.34	1500	0	0	0	0	7600	3000	TANK		
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 5000 PSI							
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>							
10:25						PRE JOB SAFETY MEETING							
10:30						LEAVE DIST.							
15:00						ARRIVE ON LOC.							
15:02						SAFETY MEETING							
15:05						SPOT EQUIP.							
22:00						PRE RIG UP MEETING							
22:05						RIG UP							
23:30						SAFETY MEETING							
12:30	5000				H2O	TEST LINES							
12:32	1600		1.5		H2O	PUMP IN CSG WAS PACKED OFF							
12:34	650		1.5		H2O	PUMP IN CSG WAS PACKED OFF							
12:36	450		2		H2O	"	"	"	"	"	"	"	
12:38	500		2.5		H2O	"	"	"	"	"	"	"	
12:45						SHUTDOWN/ BLEED PSI SWITCH TO RIG PUMP THEY ARE GOING CIRC. BOTTOMS UP							
02:50					SEALBON	RIG PUMPS SPACER PER CUSTOMER							
03:07						DROP BOTTOM PLUG							
03:08	100		2	5	H2O	SPACER							
03:10						LOAD TOP PLUG							
03:25	700		4		CMT	LEAD CMT							

CEMENT JOB REPORT



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 5000 PSI		
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>		
03:31	700		4.3	26	CMT	LEAD CMT		
03:44	460		4.4	77	CMT	LEAD CMT		
04:00	160		3.5	155	CMT	LEAD CMT		
04:08	170		3.6	180	CMT	LEAD CMT		
04:15	115		3	203	CMT	LEAD CMT LOST RETURNS DEC. RATE		
04:28	170		3	247	CMT	LEAD CMT LEAD @ SHOE		
04:40	130		3.2	282	CMT	LEAD CMT NO RETURNS		
04:54	150		3	323	CMT	LEAD CMT NO RETURNS		
05:12	160		3.2	381	CMT	LEAD CMT NO RETURNS		
05:22	110		3	420	CMT	LEAD CMT NO RETURNS		
05:40	108		3	474	CMT	LEAD CMT NO RETURNS		
05:53	109		3	510	CMT	LEAD CMT NO RETURNS		
06:05	280		5	550	CMT	LEAD CMT NO RETURNS INCREASE PER CUSTOMER		
06:08	280		5	571	CMT	LEAD CMT NO RETURNS		
06:09	280				CMT	TAIL CMT NO RETURNS		
06:18	280		5	20	CMT	TAIL CMT NO RETURNS		
06:19						SHUTDOWN/DROP TOP PLUG		
06:20	112		4.5		H2O	DISPL.		
06:28	155		5	40	H2O	DISPL. NO RETURNS		
06:33	452		5	70	H2O	DISPL. NO RETURNS		
06:41	655		5	100	H2O	DISPL. NO RETURNS		
06:51	901		5	150	H2O	DISPL. NO RETURNS		
07:03	911		2	200	H2O	DISPL. DEC. RATE TAIL CMT @ SHOE NO RETURNS		
07:09	1000			217.5	H2O	DIDN'T BUMP PLUG 1 BBL OVER CAL. DISPL. PER CUSTOMER		
07:20						BLEED PSI/CHECK FLOAT HELD		
07:25						POST RIG DOWN MEETING		
07:30						END JOB		

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	830	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
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<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 12, 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 15-007-23852-00-00
Schupbach 3510 4-1
NW/4 Sec.04-35S-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