



KANSAS CORPORATION COMMISSION 1100114
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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: _____



1100114

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
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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
_____ 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
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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	Chain Land 3509 11-1
Doc ID	1100114

Tops

Name	Top	Datum
Mississippi	4764	
Compton LS	5092	
Kinderhook	5095	
Woodford	5178	
Viola	5206	
Simpson Group	5276	
Arbuckle	5510	
Bontierre	6200	

SHELL GULF OF MEXICO, INC. (34574)	Chain Land 3509 11	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)		
	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD	5/10/2012	
spud in date	5/11/2012	5/22/2012
T.D date	5/14/2012	5/22/2012
Size Hole Drilled	26"	20"
Size Casing Set (in O.D)	18"	14"
conductor wall thickness	.250	.188
Weight Lbs./Ft.	47.44pf	27.76
Setting Depth	59'	77"
Type of Cement	type1/2 portland cement	type1/2 portland cement
Cubic yards of cement	7cy	5cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15%flyash	15% fly ash
Comments	0-7'dirt 7'-32' sand 32'-59' clay water@8'	0-7' dirt 7'-32' sand 32'-76' clay

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 08-JUN-12	F.R. # 1001913808	SERV. SUPV. JUAN D MAESTAS
LEASE & WELL NAME CHAIN LAND 3509 #11-1 - API 15077218080000	LOCATION 11-35S-9W		COUNTY-PARISH-BLOCK Harper 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	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				58.76	
Water			8.34				20	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>1000</u> Bbl.		TOTAL			198.64	75.45

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		827	8.921	9.625	36	CSG	827	827		827	785.38	

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	8RND	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	
60	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"/>	
15:00	0	0	0	0	0	ARRIVED ON LOCATION	
15:05	0	0	0	0	0	HAZARD ASSESMENT WALK AROUND	
22:00	0	0	0	0	0	HOOKED UP TO CIRCULATE	
23:00	0	0	0	0	0	HELD SAFTY MEETING WITH RIG CREW	
23:51	0	0	0	0	H2O	TEST C174 PUMP AND LINES TO 3000 PSI	
23:53	250	0	5.5	20	H2O	PUMP FRESHWATER SPACER	
23:56	0	0	0	0	CMT	BATCHUP	
00:07	110	0	2.2	120	CMT	PUMP SLURRY @ 14.8 PPG	
00:33	0	0	0	0	CMT	SHUT DOWN	
00:35	130	0	1.3	0	H2O	DROP TOP PLUG AND DISPLACE	
00:41	410	0	5	20	H2O	INCREASE RATE CEMENT TO SURFACE	
00:49	250	0	2.8	50	H2O	SLOW RATE	
00:53	550	0	2.8	60	H2O	BUMP TOP PLUG TO 1250 PSI FLOAT HELD	
	0	0	0	0	H2O	BLEED PSI BBL 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	500	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	40	199	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 01-JUL-12	F.R. # 1001919418	SERV. SUPV. JUAN D MAESTAS
LEASE & WELL NAME CHAIN LAND 3509 #11-1 - API 15077218080000	LOCATION 11-35S-9W		COUNTY-PARISH-BLOCK Harper 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	Float Shoe 7 - 8rd						
	Float Collar, Al Flap, 7 - 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
C50:50:2+.01%bwocstatic free+10%bwowsodium chlor		80	14.2	1.32	5.66	03:45	18.77	10.78
Displacement			8.34				212.15	
SealBond Spacer 25 (w/ 45lb bag)			8.45				40	
C15:85:8+.01%bwoc static free +5% bwow sodium chl		945	12.4	2.45	13.51	05:00	411.81	304.03
Available Mix Water	450 Bbl.	Available Displ. Fluid	500 Bbl.	TOTAL			682.73	314.81

HOLE			TBG-CSG-D.P.					COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75	250	5560	6.366	7	23	CSG	5560	5560	N-80	5560	5467	

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	827	827					7	8RND	WATER BASED ML	9.2

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
214.8	BBLS	Displacement	8.34	1500	0	0	0	0	6340	5072	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	5000 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/>	BJ <input type="checkbox"/>
00:30	0	0	0	0	0	ARRIVED ON LOCATION	
00:35	0	0	0	0	0	HAZARD ASSESMENT WALKAROUND	
08:00	0	0	0	0	0	HOOKED UP TO CIRCULATE	
09:30	0	0	0	0	0	HELD SAFTY MEETING WITH RIG CREW	
10:07	0	0	0	40	SB	RIG PUMPS SEAL BOND SPACER	
10:40	0	0	0	0	H2O	TEST PUMP AND LINES TO 5000PSI	
10:42	360	0	3	20	H2O	PUMP FRES WATER SPACER	
10:45	450	0	3	412	CMT	PUMP LEAD SLURRY @ 12.4 PPG	
12:27	90	0	3		CMT	LOST RETURNS WITH 325 BBLS GONE	
12:47	100	0	3	18	CMT	PUMP TAIL SLURRY @ 14.2 PPG	
12:57	0	0	0	0	CMT	SHUT DOWN	
13:00	80	0	3.2	0	H2O	DROP TOP PLUG AND DISPLACE	
13:06	540	0	3.2	20	H2O	SEE LIFT PRESSURE	
14:00	1310	0	2.8	200	H2O	SLOW RATE	
14:06	1700	0	2.8	215	H2O	BUMP TOP PLUG TO 2180 PSI	
14:11	0	0	0	0	H2O	BLEED PRESSURE 1.75 BBL RTN FLOAT HELD	

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"/>		
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 type="checkbox"/> Y <input type="checkbox"/> N	2175	<input type="checkbox"/> Y <input type="checkbox"/> N	0	685	0	<input type="checkbox"/> Y <input checked="" 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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 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 15-077-21808-00-00
Chain Land 3509 11-1
NW/4 Sec.11-35S-09W
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

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

November 07, 2012

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

Re: ACO-1
API 15-077-21808-00-00
Chain Land 3509 11-1
NW/4 Sec.11-35S-09W
Harper County, Kansas

Dear Damonica Pierson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/12/2012 and the ACO-1 was received on November 07, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department