

1100420

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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SHELL GULF OF MEXICO, INC. (34574)	Heimerman 3104-25	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD		
spud in date	7/3/2012	7/5/2012
T.D date	7/3/2012	7/5/2012
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	59.6'	76'
Type of Cement	TYPE 1/2 PORTLAND CEMENT	
Cubic yards of cement	6cy	6cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-15' sand 15-22' Clay 22'-32' Water 32' Blue Shale 32-TD 0-15' sand 15-22' Clay 22'-32' Water 32'-76' Blue Shale	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 06-SEP-12	F.R. # 1001933068	SERV. SUPV. JONATHAN M SCHULZ III
LEASE & WELL NAME HEIMERMAN FARMS 3104 #25-1 - API 15191226550	LOCATION 25-31S-4W		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			8.34				19	
Class C + .25pps Celloflakc + 2% CaCl2		250	14.8	1.35	6.34	03:08	63	39.55
Water			8.34				26.9	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>430</u> Bbl.		TOTAL			<u>108.9</u>	<u>39.55</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		398	8.921	9.625	36	CSG	389	389	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	8.4

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	
26.9	BBLS	Water	8.34	115					3060	1000	Rig Tank

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: skid rig, spud well, drill to TD, POOH, 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 <u>2200</u> PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
00:09	2200					test pumps & lines	
00:10	72		3		WATER	open well/start water spacer	
00:16	141		4	19	WATER	end spacer/start slurry @ 14.8ppg	
00:33	113		3	60	SLURRY	receive cement to surface	
00:34	112		3	63	SLURRY	end slurry/shutdown	
00:36	109		4		WATER	Drop Weatherford TRP/start displacement	
00:41	181		3	16	WATER	slow rate to bump	
00:46	959		3	26.9	WATER	bump plug shutdown/ hold psi	
00:56	0			-.25		check float/ holding/ .25bbls return	
						29 bbls of 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	959	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	29	108.9	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 13-SEP-12	F.R. # 1001934739	SERV. SUPV. Bruce Steele
LEASE & WELL NAME HEIMERMAN FARMS 3104 #25-1 SWD - API 151912	LOCATION 25-31S-4W		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
Cement Plug, Rubber, Top 7 in (FBO)	Float Shoe 7 - 8rd FBO						
	Float Collar, Auto Fill, 7 - 8rd FBO						

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 + Additives		80	14.2	1.32	5.66	03:45	19	10.91
Displacement			8.34				180	
SealBond Spacer 25 (w/ 45lb bag)			8.45				0	
C15:85:8 + Additives		1,055	12.4	2.45	13.52	05:00	398	293.78
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			597	304.69

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4621	6.366	7	23	CSG	4616	4616	L-80	4616	4579	

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		382	382			4600	4600	7	8RD	WATER BASED MU	9.3

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	
180	BBLS	Displacement	8.34	1100					5000	2500	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	3800 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
07:45	0	0	0	0	0	ARRIVE LOCATION/CIRCULATING/SAFETY MEETINGS & PAUL FOX IS SSC	
11:10	0	0	0	0	SPACER	RIG PUMPED SEAL BOND SPACER AHEAD TOTAL OF 40 BBLS	
11:30	3800	0	1	0	H2O	TEST LINES	
11:33	320	0	5.3	1	CMT	START LEAD CEMENT	
12:10	320	0	5.3	182	CMT	CEMENT @ SHOE	
12:47	590	0	3.1	216	CMT	START TAIL CEMENT	
12:53	0	0	0	19	CMT	ALL CEMENT DROP PLUG	
12:57	300	0	4.1	0	H2O	START DISPLACEMENT	
13:40	1550	0	2.8	180	H2O	PLUG DOWN	
13:40	2200	0	0	0	0	PRESSURE ON PLUG	
13:41	0	0	0	0	0	BLED PRESSURE OFF AND FLOATS ARE HOLDING	

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	220	597	0	Y <input checked="" type="checkbox"/> N	

Summary of Changes

Lease Name and Number: HEIMERMAN FARMS 3104 25-1

API/Permit #: 15-191-22655-00-00

Doc ID: 1100420

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	389
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	08/21/2012	11/13/2012
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		250
CasingNumbSacksUsedPDF_3		1000
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		389

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSettingDepthPDF_3		4616
CasingSizeCasingSetPDF_2		9.625
CasingSizeCasingSetPDF_3		7
CasingSizeHoleDrilledPDF_2		12.25
CasingSizeHoleDrilledPDF_3		9.75
CasingTypeOfCementPDF_2		Class C
CasingTypeOfCementPDF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		23
Completion Or Recompletion Date	07/03/2012	10/21/2012
Date Reached TD	07/03/2012	09/26/2012
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Elogs_PDF		Triple Combo
Formation Top Source - Log	No	Yes
Liner Run?		No
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1090520	../../../../kcc/detail/operatorEditDetail.cfm?docID=1100420
Spud Or Recompletion Date	07/03/2012	09/06/2012
TopsDepth1		4025
TopsDepth2		4382
TopsDepth3		4393
TopsDepth4		4452
TopsDepth5		4485
TopsDepth6		4590

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	CONDUCTOR ONLY	Mississippi
TopsName2		Compton
TopsName3		Kinderhook
TopsName4		Woodford
TopsName5		Simpson
TopsName6		Arbuckle
Total Depth	60	5125
Tubing Packer At		4570
Tubing Record - Set At		4583
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: HEIMERMAN FARMS 3104 25-1

API: 15-191-22655-00-00

Doc ID: 1100420

Correction Number: 1

Attachment Name

HEIMERMAN FARMS 3104 #25-1 conductor record

HEIMERMAN FARMS 3104 #25-1 Surface cement

HEIMERMAN FARMS 3104 #25-1 Intermediate cement



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
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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

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: _____