



Confidentiality Requested:

Yes No

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: _____

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> _____	PRODUCTION INTERVAL: _____ _____
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SHELL GULF OF MEXICO, INC. (34574)	HUDGEN 3307-10	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD		
spud in date	Jun-12	6/28/2012
T.D date	6/26/2012	6/30/2012
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"	76"6'
Type of Cement	type 1/2 portland cement	type 1/2 portland cement
Cubic yards of cement	5 cy	5 cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-60' red clay	0-70 red clay water seep at 24'. 70'-72' blue clay 72'-73' red clay 73'-TD blue clay

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC			DATE 09-OCT-12		F.R. # 1001939142		SERV. SUPV. JUSTIN D STAMPER							
LEASE & WELL NAME HUDGENS 3307 #10-1 - API 15077218510000			LOCATION 10-33S-7W			COUNTY-PARISH-BLOCK Harper 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		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#CELLOFLK				250			14.8	1.35	6.34	02:45	59.94	37.73		
Water							8.34				38			
Available Mix Water			500	Bbl.		Available Displ. Fluid		500	Bbl.		TOTAL	117.94	37.73	
HOLE			TBG-CSG-D.P.					COLLAR DEPTHS						
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
12.25		542	8.921	9.625	36	CSG	542	542	J-55	542	500			
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.
											9.625	8RD	WATER BASED MU	8.85
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				
38	BBLs	Water	8.34	200					3160	1500	RIG			
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP WAIT ON CASING														
PRESSURE/RATE DETAIL						EXPLANATION								
TIME HR:MMN.	PRESSURE - PSI		RATE	Bbl. FLUID	FLUID	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>								
	PIPE	ANNULUS	BPM	PUMPED	TYPE	TEST LINES 2000 PSI								
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>								
03:00						ARRIVE ON LOCATION								
07:00						SAFETY MEETING								
07:45	2200				WATER	TEST LINES, START WATER AHEAD								
07:50	200		5	20	WATER	FINISH WATER, START SLURRY								
08:01	300		5	60	SLURRY	FINISH SLURRY, DROP PLUG AND DISPLACE								
08:10	200		4	30	WATER	SLOW TO BUMP PLUG								
08:13	200		3	8	WATER	BUMP PLUG PRESSURE TO 1000 PSI								
08:18	0					BLEED OFF RECEIVED .25 BBL 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 type="checkbox"/> Y <input type="checkbox"/> N	1000	<input type="checkbox"/> Y <input type="checkbox"/> N	28	123	0	<input type="checkbox"/> Y <input type="checkbox"/> N								

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 14-OCT-12	F.R. # 1001941157	SERV. SUPV. JONATHAN M SCHULZ III
LEASE & WELL NAME HUDGENS 3307 #10-1 - API 15077218510000	LOCATION 10-33S-7W		COUNTY-PARISH-BLOCK Harper 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	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
Sealbond Spacer			8.45				40	
C15:85:8 + 10%Salt + 4pps Kolseal + .6% SMS + .25p		175	12.4	2.45	13.52	05:00	73	53.85
C50:50:2 + .3% FL-52 + .15%SMS +5% Salt + .25pps C		85	14.2	1.32	5.66	03:45	19	10.89
water			8.34				200	

Available Mix Water <u>500</u> Bbl.	Available Displ. Fluid <u>400</u> Bbl.	TOTAL	<u>332</u>	<u>64.75</u>
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HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		5141	6.366	7	23	CSG	5131	5131	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	CSG	565	565				4600	4600	7	8RD	WATER BASED MU	9.4

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	Rig tank
200.8	BBLS	water	8.34	630					4600	3000	Rig 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 4089 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
06:00						Arrive on location	
15:00				40	SPACER	rig pumps sealbond spacer	
15:16	4089				WATER	test pumps & lines	
15:27	494		4		LEAD	open well/start lead slurry @ 12.4ppg	
15:48	88		4	73	LEAD	end lead slurry/start tail slurry @ 14.2ppg	
15:55	100		4	19	TAIL	end tailsurry/ shutdown	
15:57	64		4		WATER	drop trp/start displacement	
16:27	215		4	140	WATER	bbls pumped see lift	
16:44	1205		3	200	WATER	bump plug to psi/ hold 10 minutes	
16:57	0			-1		check floats/ holding/ bbls reutnr	
						Calculated top of tail 4631'	
						Calculated top of lead 2473'	

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	1205	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	332	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Changes

Lease Name and Number: HUDGENS 3307 10-1

API/Permit #: 15-077-21851-00-00

Doc ID: 1106588

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/19/2012	01/07/2013
CasingAdd_Type_PctP DF_2		See attached
CasingAdd_Type_PctP DF_3		See attached
CasingNumbSacksUse dPDF_2		250
CasingNumbSacksUse dPDF_3		260
CasingPurposeOfString PDF_2		Surface
CasingPurposeOfString PDF_3		Intermediate
CasingSettingDepthPD F_2		542
CasingSettingDepthPD F_3		5131
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	06/26/2012	01/02/2013
Date Reached TD	06/26/2012	11/23/2012
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple Combo
Kelly Bushing Elevation	1389	1369

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=1087983	../../../../kcc/detail/operatorEditDetail.cfm?docID=1106588
Spud Or Recompletion Date	06/12/2012	10/08/2012
TopsDepth1		4374
TopsDepth2		4526
TopsDepth3		4825
TopsDepth4		4880
TopsDepth5		4912
TopsDepth6		4938

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth7		5136
TopsName1	CONDUCTOR ONLY	Cherokee Group
TopsName2		Mississippi
TopsName3		Kinderhook
TopsName4		Woodford
TopsName5		Viola
TopsName6		Simpson
TopsName7		Arbuckle
Total Depth	6039	6145
Tubing Packer At		5077
Tubing Record - Set At		5077
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: HUDGENS 3307 10-1

API: 15-077-21851-00-00

Doc ID: 1106588

Correction Number: 1

Attachment Name

HUDGENS 3307 #10-1 conductor record

HUDGENS 3307 #10-1 Surface cement

HUDGENS 3307 #10-1 Inter 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: _____