



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: _____



1106821

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> _____ <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 16-1
Doc ID	1106821

Tops

Name	Top	Datum
Cherokee Group	4757	
Mississippi	4871	
Compton	5155	
Kinderhook	5163	
Woodford	5248	
Viola	5314	
Simpson Group	5401	
Arbuckle	5609	

SHELL GULF OF MEXICO, INC. (34574)	Schupbach 3510 16	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD		
spud in date	10/12/12	10/13/2012
T.D date	10/12/2012	10/14/2012
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	type1/2 portland cement	Type 1/2 portland cement
Cubic yards of cement	5cy	5cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-14' Red Dirt, 14-60' Clay, Water 34'	0-14' Red Dirt, 14-77' Clay, Water 34'

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 21-OCT-12	F.R. # 1001942481	SERV. SUPV. JONATHAN M SCHULZ III
LEASE & WELL NAME SCHUPBACH 3510 #16-1 - API 15007239260000	LOCATION 16-35S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 180		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 +2% CaCl +.25pps Celloflake		305	14.8	1.35	6.34	02:45	74	46.46
Water			8.34				36.5	
Available Mix Water <u>400</u> Bbl.		Available Displ. Fluid <u>300</u> Bbl.		TOTAL			130.5	46.46

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		500	8.921	9.625	36	CSG	492	492	K-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.
											9.625	8RD		

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	
36.5	BBLS	Water	8.34	250					2800	1500	frac 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 3269 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
04:53	3300				WATER	test pumps & lines	
04:56	166		3		WATER	open well/start water ahead	
05:02	186		4	20	WATER	end water spacer/ start slurry@14.8ppg	
05:24	111		3	74	SLURRY	end slurry / shutdown	
05:28	65		3		WATER	drop TRP/start displacement	
05:31	83		3	5	WATER	bbls pumped when good cement to surface	
05:39	934		3	36.5	WATER	bump plug/begin casing test	
05:55	0			-125		check floats/ holding/ bbls return	
						30 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	934	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	30	130.5	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 28-OCT-12	F.R. # 1001943563	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME SCHUPBACH 3510 #16-1 - API 15007239260000	LOCATION 16-35S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 180		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			8.45				40	
15:85:8(POZ,C,GEL)+10%SALT+.5%SMS+4PPS KOLS		165	12.4	2.45	13.52	05:00	71.98	53.10
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		85	14.2	1.32	5.66	03:00	20	11.46
WATER			8.34				216	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>1000</u> Bbl.		TOTAL			347.98	64.57

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		5698	6.366	7	23	CSG	5695	5695	N-80	5695	5657	

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		500	500			4600	4600	7	8RD		

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	FRAC TANK
222	BBLS	WATER	8.34	600					5072	3500	FRAC TANK

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, WAIT ON CASING, RIG UP

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 4200 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
16:30						ARRIVE ON LOCATION					
00:00						SAFETY MEETING					
01:00	400		5	40	SEAL BON	SEAL BOND PUMPED BY RIG					
01:38	4200				WATER	TEST LINES, START LEAD SLURRY					
01:56	400		4	72	LEAD	FINISH LEAD, START TAIL SLURRY					
02:03	400		4	20	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG AND DISPLACE					
02:48	900		5	200	WATER	SLOW TO BUMP PLUG					
02:55	1000		3	18	WATER	BUMP PLUG PRESSURE TO 2000 PSI					
03:15	0					BLEED OFF RECEIVED 2 BBLS 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	2000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	354	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Changes

Lease Name and Number: Schupbach 3510 16-1

API/Permit #: 15-007-23926-00-00

Doc ID: 1106821

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/04/2012	01/07/2013
CasingAdd_Type_PctP DF_2		See attached
CasingAdd_Type_PctP DF_3		See attached
CasingNumbSacksUse dPDF_2		305
CasingNumbSacksUse dPDF_3		250
CasingPurposeOfString PDF_2		Surface
CasingPurposeOfString PDF_3		Intermediate
CasingSettingDepthPD F_2		492
CasingSettingDepthPD F_3		5695
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
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple Combo
Formation Top Source - Log	No	Yes
Liner Run?		No
Method Of Completion - Open Hole	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 2 Producing Formation	18	
	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1103534	../../../../kcc/detail/operatorEditDetail.cfm?docID=1106821
TopsDatum1		Attached
TopsDepth1		Attached
TopsName1	CONDUCTOR ONLY	Attached
Total Depth	6712	6576
Tubing Packer At		5650
Tubing Record - Set At		5663
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: Schupbach 3510 16-1

API: 15-007-23926-00-00

Doc ID: 1106821

Correction Number: 1

Attachment Name

Schupbach 3510 16-1 Conductor record

Schupbach 3510 16-1 Surface Cmt rpt

Schupbach 3510 16-1 Intermediate Cmt rpt



CONFIDENTIAL

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 #: _____
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- 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: _____