



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:

- 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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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SHELL GULF OF MEXICO, INC. (34574)	Croft Farms 3407-27	
<b>PETE MARTIN DRILLING (34645)</b> <b>(SET THE CONDUCTOR)</b>		
	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD	6/8/2012	
spud in date	6/11/2012	6/14/2012
T.D date	6/12/2012	6/14/2012
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	Type 1/2 Pottland 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	0-9' Clay 9'-30'Hard Clay 30'-35' Sand Stone 35'-60' hard clay Water@40'	0-9' clay 9'-30' hard clay 30'-35' sand stone 35'-77' hard clay

# CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 21-NOV-12	F.R. # 1001949060	SERV. SUPV. James Kirkpatrick										
LEASE & WELL NAME CROFT FARMS #27-1 - API 15077218420000		LOCATION 27-34S-7W		COUNTY-PARISH-BLOCK Harper 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, Ph		No Shoe, CUSTOMER SUPPLIED												
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			
H2O					8.34					20				
CLASS C + ADDITIVES				325	14.8	1.35	6.34			78	48.97			
H2O					8.34					36				
Available Mix Water		350	Bbl.	Available Displ. Fluid		350	Bbl.	TOTAL		134	48.97			
HOLE				TBG-CSG-D.P.				COLLAR DEPTHS						
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
12.25		510	8.921	9.625	36	CSG	505	505	J-55	505	459			
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.	
18.	18	47.		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.	RATED	Operator.	MIX WATER	
36	BBLs	H2O	8.34	200							2816	1100	RIG TANK	
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NO PROBLEMS														
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 6000 PSI								
18:35	6425				H2O	CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>								
18:42	115		4	20	H2O	TEST, PUMP AND LINES, START H2O SPACER AHEAD								
19:05	205		3.5	78	CMT	PUMP H2O SPACER, START CMT @ 14.8 #								
19:20	1000		4	36	H2O	PUMP CMT, DROP PLUG, START H2O DISP								
19:35	0					PUMP 36 BBL DISP, BUMP PLUG, HOLD PRESSURE FOR 15 MIN								
						BLEED PRESSURE DOWN, TEST FLOAT, HOLDING								
						CMT RETURNS TO SURFACE @ 5 BBL INTO DISPLACEMENT								
						@ 30 BBL CMT RETURNS								
						THANK YOU FOR USING BAKER HUGHES, JIM 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	N 200	<input checked="" type="checkbox"/> Y	N 35	134	0	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N							

# CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 29-NOV-12	F.R. # 1001950059	SERV. SUPV. James Kirkpatrick										
LEASE & WELL NAME CROFT FARMS #27-1 - API 15077218420000		LOCATION 27-34S-7W		COUNTY-PARISH-BLOCK Harper Kansas										
DISTRICT McAlester		DRILLING CONTRACTOR RIG # Nabors 180		TYPE OF JOB Intermediate										
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE		MECHANICAL BARRIERS		MD TVD								
7" Top Cem Plug, Nitrile cvr, Phen		No Shoe, Cust Supp												
MATERIALS FURNISHED BY BJ				PHYSICAL SLURRY PROPERTIES										
				SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER				
SEALBOND					8.45					40				
Class c + Additives				160	12.4	2.45	13.52			74	54.59			
Class c + Additives				85	14.2	1.32	5.66			20	11.46			
H2O					8.34					214				
Available Mix Water		250	Bbl.	Available Displ. Fluid		350	Bbl.	TOTAL		348	66.06			
HOLE			TBG-CSG-D.P.					COLLAR DEPTHS						
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
8.75		5493	6.366	7	23	CSG	5480	5480		5480	5443			
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	WATER BASED MU	9.1	
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	BBLs	H2O	8.34	700						5075	950			
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NO PROBLEMS														
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 6000 PSI								
12:15	6700				H2O	CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ								
12:40	500		4.5	74	LEAD CMT	TEST PUMP AND LINES, START LEAD CMT @ 12.4 #								
12:50	200		4.5	20	TAIL CMT	PUMP LEAD CMT, START TAIL CMT @ 14.4 #								
13:25	700		2.5	215	H2O	PUMP TAIL CMT, DROP PLUG, START H2O DISPLACEMENT								
13:40						PUMP DISP, NO BUMP, WAIT 15 MIN, TO TEST FLOAT								
BLEED OFF PRESSURE TO TEST FLOAT, HOLDING														
THANK YOU FOR USING BAKER HUGHES, JIM 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:							
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	700	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	0	348	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  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

January 30, 2013

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

Re: ACO1  
API 15-077-21842-00-00  
Croft Farms 3407 27-1  
NE/4 Sec.27-34S-07W  
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

## Summary of Changes

Lease Name and Number: Croft Farms 3407 27-1

API/Permit #: 15-077-21842-00-00

Doc ID: 1110938

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	505
Approved Date	07/06/2012	01/31/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		325
CasingNumbSacksUsedPDF_3		245
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		505
CasingSettingDepthPDF_3		5480

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2		9.625
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	06/12/2012	01/26/2013
Date Reached TD	06/12/2012	01/03/2013
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple Combo



Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Formation Top Source - Log	No	Yes
Liner Run?		No
Method Of Completion - Open Hole	No	Yes
Perf_Record_1	CONDUCTOR ONLY	
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1086390	../../../../kcc/detail/operatorEditDetail.cfm?docID=1110938
Spud Or Recompletion Date	06/11/2012	11/20/2012
TopsDepth1		4556
TopsDepth2		4749
TopsDepth3		5114
TopsDepth4		5125
TopsDepth5		5184
TopsDepth6		5231

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth7		5440
TopsName1	CONDUCTOR ONLY	Cherokee
TopsName2		Mississippi
TopsName3		Compton
TopsName4		Kinderhook
TopsName5		Woodford
TopsName6		Simpson
TopsName7		Arbuckle
Total Depth	60	6500
Tubing Packer At		5430
Tubing Record - Set At		5444
Tubing Size		4.5

## Summary of Attachments

Lease Name and Number: Croft Farms 3407 27-1

API: 15-077-21842-00-00

Doc ID: 1110938

Correction Number: 1

Attachment Name

CROFT FARMS 3407 27-1 Conductor record

CROFT FARMS 3407 27-1 Surface Cement

CROFT FARMS 3407 27-1 Intermediate Cement

Two Year Confidentiality



**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 #: \_\_\_\_\_
- 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: \_\_\_\_\_