



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: _____



1111197

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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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SHELL GULF OF MEXICO, INC. (34574)	CHAIN LAND 3509-1 1H-2H	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	SWD conductor	SWD Mouse Hole
Call in DATE OF SPUD		
spud in date	9/30/12	10/3/2012
T.D date	10/1/2012	10/11/2012
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'	79'
Type of Cement	Type 1/2 portland cement	Type 1/2 portland cement
Cubic yards of cement	9cy	8cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-14' Dirt, 14-20' Sand, 16' Water, 20-30' Clay, 30-34' Sand, 34-60' Clay	0-14' Dirt, 14-20' Sand, 16' Water, 20-30' Clay, 30-34' Sand, 34-79' Clay

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 07-DEC-12	F.R. # 1001951419	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME CHAIN LAND 3509 #1-1 - API 15077218710000	LOCATION 1-35S-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	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	
Class C + 2% CaCl2+ .25pps Celloflake+		325	14.8	1.35	6.34	03:49	75	47.09
Water			8.34				39	

Available Mix Water 800 Bbl. Available Displ. Fluid 730 Bbl. TOTAL 134 47.09

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		557	8.921	9.625	36	CSG	549	549	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.	
18.	18	47.4		60	60					9.625	8RD	WATER BASED MU	83	

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	
0	BBLS	Water	8.34	250					2816	1500	

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location @ 0200, Rigging up to 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 3771 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
02:00						Arrive on location	
08:17	3771				WATER	test pumps & lines	
08:19	53		3		WATER	open well/start water spacer ahead	
08:26	66		3	20	WATER	end water spacer/start slurry @ 14.8ppg	
08:53	92		3	75	SLURRY	end slurry/shutdown	
08:55	39		3		WATER	drop TRP/start displacement	
08:58	48		3	6	WATER	bbls pumped when cement back to surface	
09:10	957		3	39	WATER	bump plug/shutdown/ start casing test	
09:21	0			-.25		end casing test/ check floats/ holding/ bbls back	
						33bbls 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	270	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	33	134	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 14-DEC-12	F.R. # 1001953256	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME CHAIN LAND 3509 #1-1 - API 15077218710000	LOCATION 1-35S-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	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
SEALBOND			8.34				40	
15:85:8(POZ,C,GEL)+10%SALT+.5%SMS+4PPS KOLS		170	14.2	2.45	5.66		74	22.85
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		85	14.2	1.32	5.66		20	11.46
WATER			8.34				219	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			<u>353</u>	<u>34.32</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		5600	6.366	7	23	CSG	5588	0	L-80	5588	5555	

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	RIG
219	BBLS	WATER	8.34	700					5640	4000	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, WAIT ON 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 5000 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
08:30						ARRIVE ON LOCATION					
14:00						SAFETY MEETING					
14:20	150		4	40	SEAL BON	RIG PUMP SEAL BOND					
14:33	5500				WATER	TEST LINES, START LEAD SLURRY					
15:00	0		3	74	LEAD	FINISH LEAD, START TAIL					
15:08	0		3	20	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG AND DISPLACE					
15:55	500		4	210	WATER	SLOW TO BUMP PLUG					
16:00	900		2	10	WATER	BUMP PLUG, PRESSURE TO 1500 PSI					
16:10						BLEED OFF RECEIVED 1 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	1500	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	354	0	<input checked="" type="checkbox"/> Y <input 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

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 15-077-21871-00-00
Chain Land 3509 1-1
SW/4 Sec.01-35S-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

Summary of Changes

Lease Name and Number: Chain Land 3509 1-1

API/Permit #: 15-077-21871-00-00

Doc ID: 1111197

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/13/2012	01/31/2013
CasingAdd_Type_PctP DF_2		See attached
CasingAdd_Type_PctP DF_3		See attached
CasingNumbSacksUse dPDF_2		325
CasingNumbSacksUse dPDF_3		255
CasingPurposeOfString PDF_2		Surface
CasingPurposeOfString PDF_3		Intermediate
CasingSettingDepthPD F_2		549
CasingSettingDepthPD F_3		5588
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	10/01/2012	01/24/2013
Date Reached TD	10/01/2012	01/02/2013
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple combo
Formation Top Source - Log	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Liner Run?		No
Method Of Completion - Open Hole	No	Yes
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1104284	../../../../kcc/detail/operatorEditDetail.cfm?docID=111197
Spud Or Recompletion Date	09/30/2012	12/6/2012
TopsDepth1		4591
TopsDepth2		4765
TopsDepth3		5098
TopsDepth4		5150
TopsDepth5		5196
TopsDepth6		5286
TopsDepth7		5540

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	CONDUCTOR ONLY	Cherokee
TopsName2		Mississippi
TopsName3		Kinderhook
TopsName4		Woodford
TopsName5		Viola
TopsName6		Simpson
TopsName7		Arbuckle
Tubing Packer At		5544
Tubing Record - Set At		5556
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: Chain Land 3509 1-1

API: 15-077-21871-00-00

Doc ID: 1111197

Correction Number: 1

Attachment Name

CHAIN LAND 3509 #1-1 Conductor record

Chain Land 3509 #1-1 Surface cement

CHAIN LAND 3509 #1-1 Inter 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

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: _____