



KANSAS CORPORATION COMMISSION 1119200
OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be Signed
All blanks must be Filled

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: _____



1119200

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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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SHELL GULF OF MEXICO, INC. (34574)

Chain Land 2-1 (micro-seismic)

**PETE MARTIN DRILLING (34645)
(SET THE CONDUCTOR)**

Conductor

Call in DATE OF SPUD

10/12/2012

spud in date

10/15/2012

10/17/2012

T.D date

10/16/2012

10/19/2012

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'

Type of Cement

type 1/2 portland cement

type 1/2 portland cement

Cubic yards of cement

7cy

8cy

2500 PSI Grout Mix

yes

yes

Type and Percent of Additives

15% fly ash

15% fly ash

Comments

0-16'dirt and sand 16/-31'sand
and water 31'-60' clay
water@18'

0-16' dirt/sand 16'-31'
sand/water 31'-76' clay
water@ 18'

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 31-OCT-12	F.R. # 1001944643	SERV. SUPV. Chad Mathis
LEASE & WELL NAME CHAIN LAND 3509 #2-1 - API 15077218730000	LOCATION 2-35S-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	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
C + 2%cacl2+ .25# celloflk		305	14.8	1.35	6.34	02:45	73.13	46.03
Displacement			8.34				38.5	
Water			8.34				20	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>1000</u> Bbl.		TOTAL			131.63	46.03

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		520	8.921	9.625	36	CSG	519	519	J-55	519	478.14	

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	8 RD	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	
35.6	BBLS	Displacement	8.34								

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 4000 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
11:00						Arrive on location	
18:30						Pre-job safety meeting	
19:12	4000					Test lines	
19:14	150		4		WATER	Start spacer	
19:18	150		4	20		Finish spacer, Start slurry	
19:28	200		4	40	SLURRY	Slurry at shoe	
19:39	130		4	73		Slurry finished, shut down drop plug	
19:40	350		4		WATER	Start Displacement	
19:49	250		3	25		Slow down to bump plug	
19:52	300		3	38.5		Did not bump plug	
19:54						Released pressure, Got 1/4 Bbl back to truck	

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"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	34	131.5	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 10-NOV-12	F.R. # 1001945243	SERV. SUPV. Chad Mathis
LEASE & WELL NAME CHAIN LAND 3509 #2-1 - API 15077218730000	LOCATION 2-35S-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
Cement Plug, Rubber, Top 4-1/2 in	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
SealBond Spacer 25(w/45lb bag)			8.45				80
H50:50 Poz (Fly Ash)+ 0.01%Static Free + 3% Salt +		385	14.3	1.26	5.3	02:30	86.64 48.72
Water			8.34				84
Available Mix Water 1000 Bbl.		Available Displ. Fluid 1000 Bbl.		TOTAL			250.64 48.72

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
7.875		5446		4.5	11.6	CSG	5444	5436	N-80	44.44	4.44	

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	4.5	8 RD	OIL BASED MUD	9.5

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	WATER
83.9	BBLs	Water	8.34	700					6000		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	4500 PSI
18:30						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
20:00						Arrive on Location, wait on casing	
20:39	4700					Safety Meeting	
20:43	360		3		CMT SLUF	Test Lines to 4500 PSI	
21:23	119		3	86	CMT SLUF	Start Slurry @ 14.3	
21:24	0					Finish Slurry, Cmt at shoe	
21:42	77		3	56	WATER	Drop Plug, Start Displ.	
21:53	760		3	28	WATER	Caught Cement	
21:58						Finish Displacement, Did Not Bump Plug	
						Check Floats, Floats Held, 1/4 Bbl Back	

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"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		250.26	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	

HOC - 2110.83' TOC 3325.17'

Summary of Changes

Lease Name and Number: Chain Land 3509 2-1

API/Permit #: 15-077-21873-00-00

Doc ID: 1119200

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	519
Approved Date	11/30/2012	03/01/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		305
CasingNumbSacksUsedPDF_3		385
CasingPurposeOfStringPDF_1	CONDUCTOR	Conductor
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		519

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSettingDepthPDF_3		5444
CasingSizeCasingSetPDF_2		9.625
CasingSizeCasingSetPDF_3		4.5
CasingSizeHoleDrilledPDF_2		12.25
CasingSizeHoleDrilledPDF_3		7.875
CasingTypeOfCementPDF_2		Class C
CasingTypeOfCementPDF_3		Class H
CasingWeightPDF_2		36
CasingWeightPDF_3		11.6
Completion Or Recompletion Date	10/16/2012	02/12/2013
Date Reached TD	10/16/2012	11/05/2012
Formation Top Source - Log	No	Yes
Liner Run?		No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
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=1102631	../../../../kcc/detail/operatorEditDetail.cfm?docID=1119200
Spud Or Recompletion Date	10/15/2012	10/30/2012
TopsDepth1		4420
TopsDepth2		4610
TopsDepth3		4740
TopsDepth4		5100
TopsDepth5		5140
TopsDepth6		5220
TopsName1	CONDUCTOR ONLY	Hushpuckney
TopsName2		Cherokee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName3		Mississippi
TopsName4		Kinderhook
TopsName5		Woodford
TopsName6		Viola
Total Depth	60	5446
Tubing Size	CONDUCTOR ONLY	
Wellsite Geologist	Bess Colberg	Sarah Colbert

Summary of Attachments

Lease Name and Number: Chain Land 3509 2-1

API: 15-077-21873-00-00

Doc ID: 1119200

Correction Number: 1

Attachment Name

CHAIN LAND 3509 #2-1 Conductor rpt

CHAIN LAND 3509 #2-1 Surface Cement rpt

CHAIN LAND 3509 #2-1 Intermediate Cement 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 #: _____
- 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: _____