



1131159

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shell Gulf of Mexico Inc.
Well Name	Kaup 3407 16-1
Doc ID	1131159

Tops

Name	Top	Datum
Cherokee	4543	
Mississippi	4720	
Compton	5059	
Kinderhook	5081	
Woodford	5124	
Viola	5192	
Simpson	5224	
Arbuckle	5424	

SHELL GULF OF MEXICO, INC. (34574)	KAUP 3407-16	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)		
	1 SWD conductor	1 SWD Mouse Hole
Call in DATE OF SPUD	11/5/2012	
spud in date	11/5/12	11/7/2012
T.D date	11/5/2012	11/7/2012
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 portland cement	Type 1/2 portland cement
Cubic yards of cement	5cy	6cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0 to 60ft is red clay hit water at 40ft	0 to 77ft is red clay hit water at 40ft

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 04-JAN-13	F.R. # 1001955337	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME KAUP 3407 #16-1 - API 15077218840000	LOCATION 16-34S-7W		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	
C + .25pps Celloflake + 2% CaCl2		270	14.8	1.35	6.34	02:45	71	44.58
Water			8.34				40.5	
Available Mix Water <u>120</u> Bbl.		Available Displ. Fluid <u>56</u> Bbl.		TOTAL			<u>131.5</u>	<u>44.58</u>

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		554	8.921	9.625	36	CSG	544	544	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	CSG	60	60						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	Transport
40.5	BBLs	Water	8.34	203					2816	1200	Transport

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location @ 0800, Condition Hole, Rig Up Casing Crew, 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 2500 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
08:00						Arrive on location	
17:47	2500					test pumps & lines	
17:49	245		5		SPACER	open well/start water spacer	
17:52	207		4	20	SPACER	end water spacer start slurry @ 14.8ppg	
18:22	105		3	71	SLURRY	end slurry/shutdown	
18:28	106		3		WATER	drop TRP/start displacement	
18:30	38		3	5	WATR	bbls pumped when cement to surface	
18:43	836		3	40.5	WATERR	bump plug/shutdown for casing test	
18:53	832					end casing test	
18:54	0			-125		check floats/ holding/ bbls back	
						35bbls 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	836	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	35	131.5	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC		DATE 16-JAN-13	F.R. # 1001958780	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME KAUP 3407 #16-1 - API 15077218840000		LOCATION 16-34S-7W		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
SEAL BOND			8.45				40	
15:85:8(POZ,C,GEL)+10%SALT+.5%SMS+4PPS KOLS		240	12.4	2.45	13.52	03:30	104	76.72
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		155	14.2	1.32	5.66	03:15	36	20.64
WATER			8.34				213	
Available Mix Water 500 Bbl.		Available Displ. Fluid 500 Bbl.		TOTAL		393		97.36

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		5440	6.366	7	23	CSG	5432	5432	L-80	5432	5381	

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	9.2

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	
213	BBLS	WATER	8.34	500					5072	3000	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: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					
16:00						SAFETY MEETING					
16:00	70		4	40	SEAL BND	RIG TO PUMP SEAL BOND					
16:35	5000				WATER	TEST LINES, START LEAD SLURRY					
17:01	120		5	103	LEAD	FINISH LEAD, START TAIL					
17:09	130		4	36	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG, AND DISPLACE					
17:56	800		5	209	WATER	SLOW TO BUMP PLUG					
17:58	800		3	3	WATER	BUMP PLUG, PRESSURE TO 1300 PSI					
18:09	0					BLEED OFF RECEIVED .5 BBLS BACK TO TRUCK					
						FLOATS HOLDING, CALCULATED TOC 300'					
						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	1300	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	392	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Changes

Lease Name and Number: Kaup 3407 16-1

API/Permit #: 15-077-21884-00-00

Doc ID: 1131159

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	544
Approved Date	01/09/2013	04/02/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		270
CasingNumbSacksUsedPDF_3		395
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		544
CasingSettingDepthPDF_3		5432

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	11/05/2012	03/29/2013
Field Name		Wildcat
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
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1107236	../../../../kcc/detail/operatorEditDetail.cfm?docID=1131159
TopsDatum1		Attached
TopsDepth1		Attached
TopsName1	CONDUCTOR ONLY	Attached
Total Depth	60	6252
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: Kaup 3407 16-1

API: 15-077-21884-00-00

Doc ID: 1131159

Correction Number: 1

Attachment Name

KAUP 3407 #16-1 Conductor record

KAUP 3407 #16-1 Surface cement rpt

KAUP 3407 #16-1 Intermediate cement rpt



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: _____