

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 SWGPS 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: _____



1146399

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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SHELL GULF OF MEXICO, INC. (34574)	Potter & Isaacs 2509-26	
BOART LONGYEAR COMPANY (32978) (SET THE CONDUCTOR)	SWD CONDUCTOR	SWD MOUSE HOLE
Call in DATE OF SPUD	3/15/2013	
spud in date	3/15/2013	3/17/2013
T.D date	3/17/2013	3/19/2013
Size Hole Drilled	24"	18"
Size Casing Set (in O.D)	18"	14"
conductor wall thickness	0.236	0.219
Weight Lbs./Ft.	44.82	32.26
Setting Depth	63ft	75.5
Type of Cement	Portland Neat	Portland Neat
Cubic yards of cement	3.1	2.2
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	0%	0%
Comments	0 ft to 23 ft sand some clay brown, 23 ft to 27 ft clay soft grey 27 ft to 75 .5 ft silty sand stone, dry med hard, red	0 ft to 23 ft sand some clay brown, 23 ft to 27 ft clay soft grey 27 ft to 75 .5 ft silty sand stone, dry med hard, red

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 26-APR-13	F.R. # 1001982390	SERV. SUPV. Justin W Cross
LEASE & WELL NAME POTTER & ISAACS 2509 #26-1 - API 151552164000	LOCATION 26-25S-9W		COUNTY-PARISH-BLOCK Reno 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, Ph	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		0	8.34	0	0	00:00	20	
CLASS C+.01%STATIC FREE+2%CACL2+.25PPSCEI	125103088	270	14.8	1.35	6.33	04:24	63	39.49
Water			8.34				27.75	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			110.75	39.49

HOLE			TBG-CSG-D.P.					COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		384	8.921	9.625	36	CSG	370	370	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.		60	60					9.625	8RD	WATER BASED ML	8.75

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
27.8	BBLS	Water	8.34	150					2816	1200	RIG 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 3616 PSI	
12:00						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
08:30						ARRIVE ON LOC	
08:57	3616				WATER	SAFETY MEETING	
09:00	88		3.8		WATER	TEST LINES	
09:05	184		4	20	WATER	START WATER AHEAD	
09:17	163		4	52	SLURRY	END SPACER, START SLURRY	
09:21	168		4	63	SLURRY	GOT CMT TO SURFACE	
09:25	123		2.5		WATER	END SLURRY	
09:34	171		2.7	27.75	WATER	DROP PLUG, STRAT DISPLACMENT	
						END DISPLACMENT, BUMP PLUG	
						CHECK FLOATS, HOLDING .125 BBLS BACK	
						GOT 38BBLS CMT BACK	
						THANK YOU FOR USING BAKER HUGHES	
						JUSTIN CROSS & 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	N	150	Y	N	38	110	0	Y	N

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 01-MAY-13	F.R. # 1001983928	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME POTTER & ISAACS 2509 #26-1 - API 1515521640000	LOCATION 26-25S-9W		COUNTY-PARISH-BLOCK Reno 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
	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		235	12.4	2.45	13.52		103	75.99
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		115	14.2	1.32	5.66		27	15.48
WATER			8.34				169	

Available Mix Water	500	Bbl.	Available Displ. Fluid	500	Bbl.	TOTAL	339	91.46
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HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4343	6.366	7	23	CSG	4337	4337	L-80	4337	4302	

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		350	350			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	
169	BBLS	WATER	8.34	500					5072	3500	RIG

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

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	5400 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/>	BJ <input type="checkbox"/>
07:00						ARRIVE ON LOCATION	
16:00						SAFETY MEETING	
16:25	300		4	40	SEAL BND	RIG TO PUMP SEAL BOND	
16:42	5450				WATER	TEST LINES, START LEAD SLURRY	
17:05	300		4	103	LEAD	FINISH LEAD, START TAIL SLURRY	
17:14	100		3	27	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG AND DISPLACE	
18:03	1400		4	160	WATER	SLOW TO BUMP PLUG	
18:07	1480		3	10	WATER	BUMP PLUG AND PRESSURE TO 2000PSI	
18:17	0				WATER	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	2000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	339	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Changes

Lease Name and Number: Potter & Isaacs 2509 26-1

API/Permit #: 15-155-21640-00-00

Doc ID: 1146399

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	370
Approved Date	03/28/2013	06/12/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		270
CasingNumbSacksUsedPDF_3		350
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		370
CasingSettingDepthPDF_3		4337

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	03/17/2013	05/17/2013
Date Reached TD	03/17/2013	05/17/2013
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
Kelly Bushing Elevation	0	1628
Liner Run?		No
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1128796	../../../../kcc/detail/operatorEditDetail.cfm?docID=1146399
TopsDepth1		3801
TopsDepth2		3814
TopsDepth3		3874
TopsDepth4		3887
TopsDepth5		4115
TopsDepth6		4125
TopsDepth7		4285

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	CONDUCTOR ONLY	Cherokee
TopsName2		Mississippi
TopsName3		Compton
TopsName4		Kinderhook
TopsName5		Viola
TopsName6		Simpson Shale
TopsName7		Arbuckle
Total Depth	63	5000

Summary of Attachments

Lease Name and Number: Potter & Isaacs 2509 26-1

API: 15-155-21640-00-00

Doc ID: 1146399

Correction Number: 1

Attachment Name

POTTER & ISAACS 2509 #26-1 Conductor record

POTTER & ISAACS 2509 #26-1 - Surface cement rpt

POTTER & ISAACS 2509 #26-1 - 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: _____