



1146967

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
--	---

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

SHELL GULF OF MEXICO, INC. (34574)	Chain 3509 #1-2 (micro-seismic)	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	Conductor	
Call in DATE OF SPUD	10/17/2012	
spud in date	10/20/2012	10/23/2012
T.D date	10/22/2012	10/24/2012
Size Hole Drilled	26"	20"
Size Casing Set (in O.D)	18"	14"
conductor wall thickness	250	188
Weight Lbs./Ft.	47.76	27.26
Setting Depth	66'	76'
Type of Cement	type 1/2portland cement	type 1/2portland cement
Cubic yards of cement	11cy	11CY
2500 PSI Grout Mix	yes	YES
Type and Percent of Additives	15%fly ash	15%FLY ASH
Comments	0-39'sand 39'-66'clay water@24'	0-39'SAND 39'-76' CLAY WATER@24'

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 18-NOV-12	F.R. # 1001947825	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME CHAIN LAND 3509 #1-2 - API 15077218720000	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				30	
Class C + 2% CaCl2 + 1/4pps Celloflake		305	14.8	1.35	6.34	02:45	77	48.34
Water			8.34				37.5	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>900</u> Bbl.		TOTAL			<u>144.5</u>	<u>48.34</u>

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		521	8.921	9.625	36	CSG	509	509	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.
											9.625	8RD	WATER BASED MU	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	
37.5	BBLS	Water	8.34	180					2810	1500	rig tank

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING-Arrive on location @ 0030, Rigging up Casers, Running Casing, Rig o cement

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 3500 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
00:30						Arrive on location	
05:00	3500				WATER	test pumps & lines	
05:03	117		3		WATER	open well/start water ahead	
05:11	176		5	31	WATER	end water ahead/start slurry @ 14.8ppg	
05:29	221		4	74	SLURRY	bbls pumped when cement to surface	
05:30	106		3	77	SLURRY	end slurry/shutdown	
05:32	124		3		WATER	drop TRP/start displacement	
05:44	1000		3	37.5	WATER	bbls pumped when bump plug/begin casing test	
05:54	0			-25	WATER	end casing test/ check float/ holding/bbls back	
						41 bbls of cement return to surface	
						Thanks for using BHI Pressure pumping services	
						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	1000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	41	144.5	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 25-NOV-12	F.R. # 1001949435	SERV. SUPV. Chad Mathis
LEASE & WELL NAME CHAIN LAND 3509 #1-2 - API 15077218720000	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
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	Bbl MIX WATER
Sealbond Spacer			8.45				40	
H50:50 Poz + 0.01%Static Free + 3% Salt + 0.25 #/s		405	14.3	1.26	5.3	02:30	90.8	51.06
Water			8.34				84.25	
Available Mix Water <u>1000</u> Bbl.		Available Displ. Fluid <u>1000</u> Bbl.		TOTAL			215.05	51.06

HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
7.875		5460	4	4.5	11.6	CSG	5447	5406				

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			

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
84.3	BBLS	Water	8.34	800					7780	6200	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	5000 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/>	BJ <input type="checkbox"/>
00:01					Arrive On Location		
11:30					Pre-Job Safety Meeting		
11:45				40	SEALBOND		
12:02	5000				Test Lines		
12:05	120		4	90.8	SLURRY		
12:38					Pump Cement @ 14.3 ppg		
12:44					Shut Down, Wash up		
12:45					Drop Plug		
12:45	700		4	75	WATER		
13:02	700		2.5	9	WATER		
13:07	1240				Slow to Bump Plug		
13:17	0				Bump Plug		
					Check Floats, Floats Held		

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 1200	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		215.05	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<i>Chad Mathis</i>

Summary of Changes

Lease Name and Number: Chain Land 3509 1-2

API/Permit #: 15-077-21872-00-00

Doc ID: 1146967

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	509
Approved Date	11/28/2012	07/31/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		305
CasingNumbSacksUsedPDF_3		405
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		509
CasingSettingDepthPDF_3		5447

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2		9.625
CasingSizeCasingSetP DF_3		4.5
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		7.875
CasingTypeOfCementP DF_2		Class C
CasingTypeOfCementP DF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		11.6
Completion Or Recompletion Date	10/22/2012	11/27/2012
Date Reached TD	10/22/2012	11/23/2012
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
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1102609	../../../../kcc/detail/operatorEditDetail.cfm?docID=1146967
Spot Description	CONDUCTOR ONLY	
TopsDepth1		4604
TopsDepth2		4750
TopsDepth3		5080
TopsDepth4		5084
TopsDepth5		5144
TopsDepth6		5183
TopsDepth7		5283

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	CONDUCTOR ONLY	Cherokee
TopsName2		Mississippi
TopsName3		Compton
TopsName4		Kinderhook
TopsName5		Woodford
TopsName6		Viola
TopsName7		Simpson
Total Depth	66	5460
Tubing Size	CONDUCTOR ONLY	

Summary of Attachments

Lease Name and Number: Chain Land 3509 1-2

API: 15-077-21872-00-00

Doc ID: 1146967

Correction Number: 1

Attachment Name

CHAIN LAND 3509 #1-2 - Conductor Cmt Rpt

CHAIN LAND 3509 #1-2 - Surface Cmt Rpt

CHAIN LAND 3509 #1-2 - Intermediate Cmt 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
-----------------------------------	-----------------	---

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: _____