Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1173103

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from Dorth / South Line of Section
City: Sta	tte: Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
		GPS Location: Lat:, Long:, (e.gxxx.xxxxx) (e.gxxx.xxxxx)
		Datum: NAD27 NAD83 WGS84
		County:
		Lease Name: Well #:
Designate Type of Completion:		Field Name:
New Well Re-E	Entry Workover	Producing Formation:
Oil WSW		Elevation: Ground: Kelly Bushing:
Gas D&A		Total Vertical Depth: Plug Back Total Depth:
	GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info		If yes, show depth set: Feet
_		If Alternate II completion, cement circulated from:
•		feet depth to:w/sx cmt.
	Original Total Depth:	
Deepening Re-perf.	Conv. to ENHR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled	Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion	Permit #:	Dewatering method used:
	Permit #:	Location of fluid disposal if hauled offsite:
ENHR	Permit #:	Operator Name:
GSW	Permit #:	Lease Name: License #:
		Quarter Sec TwpS. R East West
Spud Date or Date Read Recompletion Date	ched TD Completion Date or Recompletion Date	QuarterSec.         TwpS.         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:

# CORRECTION #2

Operator Name:	Lease Name:	_ Well #:
Sec TwpS. 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 Taker (Attach Additional	-	Yes No	L	Log Formation (Top), Depth and Datum Sa			Sample
Samples Sent to Geo	,	Yes No	Nam	Name Top			Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	EEZE RECORD	·	· · ·	
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment	on this well?		Yes	No (If No, skip	questions 2 and	13)
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000					question 3)		
Was the hydraulic fractur	ing treatment informatio	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three o	t the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perf			cture, Shot, Cement mount and Kind of Mat		Depth

		Opeony 1 of	stuge of				(Amount and Kind	of Matchai Oscu)	Deptit
TUBING RECORD:	Si	ze:	Set At:	: Pack	er At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	۲.	Producing Method:	mping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF (	GAS:		METHOD	OF COMPL	ETION:		PRODUCTION INTER	VAL:
Vented Solo	L t	Used on Lease		Open Hole Perf.	Dually (Submit	/ Comp. <i>ACO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	D-18.)		Other (Specify)			,		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Shell Gulf of Mexico Inc.
Well Name	Hedrick 2106 19-1
Doc ID	1173103

Tops

Name	Тор	Datum
Cherokee	3435	
Basal	3501	
Mississippi	3535	
Compton	3615	
Kinderhook	3629	
Viola	3871	
Simpson	3901	
Simpson Shale	3919	
Arbuckle	3980	

## Summary of Changes

Lease Name and Number: Hedrick 2106 19-1 API/Permit #: 15-159-22716-00-00 Doc ID: 1173103 Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	378
Approved Date	06/12/2013	12/18/2013
CasingSettingDepthPD F_3	462	3984
Confidential		Yes
Fracturing Question 1		No
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 46478	//kcc/detail/operatorE ditDetail.cfm?docID=11 73103

# CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1146478

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM

WELL HISTOP	RY - DESCRIPT	ION OF WELL	& LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at:          Multiple Stage Cementing Collar Used?          If yes, show depth set:
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:       Original Total Depth:         Deepening       Re-perf.       Conv. to ENHR         Conv. to GSW       Original Total Depth         Plug Back:       Plug Back Total Depth         Commingled       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:	Chloride content:      ppm       Fluid volume:      bbls         Dewatering method used:      btl      btl         Location of fluid disposal if hauled offsite:      btl      btl         Operator Name:      btl      btl      btl         Lease Name:      btl      btl      btl      btl         Quarter      Sec.      S. R East
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Recompletion Date	

#### 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.

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CONFIDENTIAL WELL COMPLETION FORM

1119216

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM

NELL	HISTORY -	DESCRIP	TION OF	WELL 8	

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:				
Address 2:		Feet from North / South Line of Section		
City: State: Zip:+		Feet from East / West Line of Section		
Contact Person:		Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				
		County:		
Name:		Lease Name: Well #:		
			e	
Wellsite Geologist:				
Purchaser:		Producing Formation:		
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:		
New Well	-Entry Workover	Total Depth: Plug Back Total Depth:		
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at:	Feet	
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No	I	
OG	GSW Temp. Abd.	If yes, show depth set:	Feet	
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:		
Cathodic Other (Core	e, Expl., etc.):	feet depth to:w/w/	sx cmt	
If Workover/Re-entry: Old Well Inf	o as follows:		5X 6111	
Operator:				
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date:	Original Total Depth:			
Deepening Re-perf.		Chloride content: ppm Fluid volume:	bbls	
		Dewatering method used:		
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
	Permit #:			
Dual Completion	Permit #:	Operator Name:		
	Permit #:	Lease Name: License #:		
	Permit #:	Quarter Sec TwpS. R	East West	
GSW	Permit #:	County: Permit #:		
Spud Date or Date Rea Recompletion Date	Ached TD Completion Date or Recompletion Date			

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