

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

2/29/14

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34574

Name: Shell Gulf of Mexico Inc. (CONDUCTOR ONLY)

Address 1: 150 N Dairy-Ashford (77079)

Address 2: PO Box 576 (77001-0576)

City: Houston State: TX Zip: 77001 + 0576

Contact Person: Damonica Pierson

Phone: (832) 337-2172

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: CONDUCTOR ONLY

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: CONDUCTOR ONLY

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
09/27/11	9/27/11	

API No. 15 - 15-007-23770-01-00

Spot Description: _____

SW NE NW SW Sec. 12 Twp. 35 S. R. 10 East West

2,059 Feet from North / South Line of Section

890 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: Schrock 3510 Well #: 12-1H

Field Name: Wildcat

Producing Formation: Mississippi

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: CONDUCTOR ONLY

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: CONDUCTOR ONLY 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: CONDUCTOR ONLY

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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FEB 29 2014

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Richard W Lewis

Title: Team Lead Date: 3-1-2012

KCC Office Use ONLY

- Letter of Confidentiality Received **RECEIVED**
- Date: 2-29-12 to 2-29-14
- Confidential Release Date: MAR 02 2012
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: DE **KCC WICHITA** Date: 3-7-12