

**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 # 34574
 Name: Shell Gulf of Mexico Inc.
 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 # 34718
 Name: Nabors Drilling USA, LP
 Wellsite Geologist: Bess Colberg
 Purchaser: CONDUCTOR ONLY

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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 #: _____

06/17/2012	06/18/2012	06/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21845-00-00

Spot Description: _____
W2_NE_NE_NW Sec. 8 Twp. 34 S. R. 7 East West
330 Feet from North / South Line of Section
2190 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: HarperLease Name: Harris Farms 3407 Well #: 8-1

Field Name: _____

Producing Formation: N/AElevation: Ground: 1346 Kelly Bushing: 1375Total Depth: 60 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 0 FeetMultiple 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: 0 ppm Fluid volume: 0 bblsDewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Plumb Thicket LandfillLease Name: N/A License #: 99999Quarter SW Sec. 4 Twp. 31 S. R. 6 East WestCounty: Harper Permit #: KDHE Permit No. 0842**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: 07/06/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 07/09/2012