



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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.
 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 SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Cora. 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 #: _____

08/10/2012	08/10/2012	08/10/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21861-01-00
 Spot Description: 330 FSL 995 FWL
E2 SE SW SW Sec. 33 Twp. 34 S. R. 9 East West
330 Feet from North / South Line of Section
995 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Harper
 Lease Name: KOBLITZ 3409 Well #: 33-2H
 Field Name: Wildcat
 Producing Formation: CONDUCTOR ONLY
 Elevation: Ground: 1253 Kelly Bushing: 0
 Total Depth: 60 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 0 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 crnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 0 ppm Fluid volume: 0 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Plumb Thicket Landfill
 Lease Name: N/A License #: 99999
 Quarter SW Sec. 4 Twp. 31 S. R. 6 East West
 County: 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: 10/16/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 10/16/2012