



CONFIDENTIAL

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 Golberg
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: _____
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 #: _____

09/09/2012 09/09/2012 09/09/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-077-21867-01-00
Spot Description: _____
E2 SE SW SW Sec. 34 Twp. 34 S. R. 9 East West
330 Feet from North / South Line of Section
1315 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 #: 34-2H
Field Name: Wildcat

Producing Formation: CONDUCTOR ONLY
Elevation: Ground: 1260 Kelly Bushing: 0
Total Depth: 66 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 cmt.

Drilling Fluid Management Plan
(Date 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 W2 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: NAGMI JAMES Date: 10/16/2012