



KANSAS CORPORATION COMMISSION 1135756
OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:
Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
CONTRACTOR: License #
Name:
Wellsite Geologist:
Purchaser:

- 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
Plug Back Conv. to GSW Conv. to Producer
Commingled Permit #:
Dual Completion Permit #:
SWD Permit #:
ENHR Permit #:
GSW Permit #:

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 -
Spot Description:
- - - - - Sec. Twp. S. R. East West
Feet from North / South Line of Section
Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
GPS Location: Lat: , Long:
Datum: NAD27 NAD83 WGS84

County:
Lease Name: Well #:
Field Name:
Producing Formation:
Elevation: Ground: Kelly Bushing:
Total Vertical Depth: Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 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
(Data must be collected from the Reserve Pit)
Chloride content: ppm Fluid volume: bbls
Dewatering method used:
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. 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:



1135756

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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SHELL GULF OF MEXICO, INC. (34574)	YOUNG TRUST 2309-35	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)		
	1 SWD conductor	1 SWD Mouse Hole
Call in DATE OF SPUD	12/7/2012	
spud in date	12/7/12	12/11/2012
T.D date	12/7/12	12/11/2012
Size Hole Drilled	26"	20"
Size Casing Set (in O.D)	18"	20"
Conductor wall thickness	250	188
Weight Lbs./Ft.	47.76	27.66
Setting Depth	66'	75'
Type of Cement	Type 1/2 portland cement	Type 1/2 portland cement
Cubic yards of cement	6cy	7cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	clay and gypsum from surface to 55' ft sand to 74' to 76' clay water at 27ft	clay and gypsum from surface to 10 ft sand 10 to 32 ft clay to 60 ft water at 20 ft

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 21-FEB-13	F.R. # 1001966006	SERV. SUPV. James Kirkpatrick
LEASE & WELL NAME YOUNG TRUST 2309 #35-1 - API 15155216120000	LOCATION 35-23S-9W		COUNTY-PARISH-BLOCK Reno Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # NABORS 102		TYPE OF JOB Surface

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
9-5/8" Top Cem Plug, Nitrile cvr, Phe	No Shoe, Cust Sup						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES					
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY
H2O			8.34				20
Class C, 2%CaCl ₂ , 0.25ppsCell oflake, 0.01%Staticfree	125102883	270	14.8	1.35	6.34	03:10	65
H2O			8.34				24
Available Mix Water <u>110</u> Bbl.		Available Displ. Fluid <u>300</u> Bbl.		TOTAL			<u>109</u> 40.81

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		347	8.921	9.625	36	CSG	343	343	J-55	343	301	

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
18.	18	47.		60	60						9.625	8RD	WATER BASED MU	8.8

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	
24	BBLs	H2O	8.34	250					2816	600	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: PUMP FROZE UP, MINUS ZERO DEGREES TEMPERATURE

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 2500 PSI	
09:35	675				H2O	CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
09:50	690				H2O	TEST PUMP AND LINES, ICE PLUG IN LINE, FIX PROBLEM AND TRY AGAIN	
10:15	250		4	20	H2O	PRESSURE UP, LINE CLEAR, START H2O AHEAD	
10:50	140		4	58	CEMENT	PUMP 20 BBL H2O SPACER, START CEMENT @ 14.8 #	
10:53	150		4	65	CEMENT	PUMP 58 BBL CEMENT, CEMENT RETURNS TO SURFACE, CONTINUE PUMPING CEMENT	
11:10	100		4	24	H2O	PUMP 65 BBL CEMENT, SHUT DOWN, DROP PLUG, START DISPLACEMENT	
11:20	550					PUMP 24 BBL DISPLACEMENT, BUMP PLUG, BRING PRESSURE 500 PSI OVER BUMP TO 600 PSI, HOLD FOR TEN MINUTES	
						HOLD TEN MINUTES, BLEED OFF, FLOAT HOLDING	
						AROUND 31 BBL CEMENT RETURNS TO SURFACE	
						CEMENT : 270 SACKS CLASS C + 2% CACL + 0.25 PPS CELLOFLAKE + 0.01% STATIC FREE	
						THANK YOU FOR USING BAKER HUGHES, JIM AND CREW	

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	100	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	31	109	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 04-MAR-13	F.R. # 1001968576	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME YOUNG TRUST 2309 #35-1 - API 15155216120000	LOCATION 35-23S-9W	COUNTY-PARISH-BLOCK Reno Kansas	
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 102	TYPE OF JOB Intermediate	

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
7" Top Cem Plug, Nitrile cvr, Phen	Provided by Customer						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
Seal Bond Spacer 25			8.5				40	
C15:85:8 + 10%Salt+ .6%SMS+ 4ppsKolSeal+ .25pps C		200	12.4	2.45	13.52	05:00	87	64.18
C50:50:2 + 5%Salt+ .3%FL-52+.15%SMS+4ppsKol		85	14.2	1.32	5.66	03:45	20	11.46
Fresh Water			8.34				166	
Available Mix Water <u>400</u> Bbl.		Available Displ. Fluid <u>300</u> Bbl.		TOTAL			<u>313</u>	<u>75.65</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4269	6.366	7	23	CSG	4255	4255	L-80			

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID	
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.9	9.625	36	CSG	338	338			4600	4600	7	8RD	WATER BASED MU	9.1

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	Rig tank
166	BBLS	Fresh Water	8.34	760						2500	Rig tank

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location @ 200, Running Casing

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 3900 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
02:00						Arrive on location	
12:15				40	SPACER	Rig pumps Spacer	
12:44	3983				WATER	test pumps & lines	
12:47	275		3		LEAD	open well/start lead slurry @ 12.4ppg	
13:13	499		4	87	LEAD	end lead slurry/start tail slurry @ 14.2ppg	
13:19	113		3	20	TAIL	end tail slurry/shutdown	
13:23	82		5		WATER	drop TRP/start displacement	
13:53	1525		3	166	WATER	bump plug/shutdown/ start casing test	
13:58	1527					end casing test	
13:59	0			-1		check floats/ holding/ 1 bbls return	
						Calculated Top of Tail 3755'	
						Calculated Top of Lead 1249'	
						Lead Slurry: C15:85:8 + 10% bwow Salt+ .25pps Celloflake + 4pps KolSeal +.6%bwoc Sodium Metasilicate	
						Tail Slurry: C 50:50:2 + .25pps Celloflake + 4pps KolSeal + .15% Sodium Metasilicate +5% Salt	
						Thanks for Using BHI Pressure Pumping	
						Jonathan Schulz & Crew	

CEMENT JOB REPORT



PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 3900 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1525	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	313	0	Y <input checked="" type="checkbox"/> N	

Summary of Changes

Lease Name and Number: Young Trust 2309 35-1

API/Permit #: 15-155-21612-00-00

Doc ID: 1135756

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	343
Approved Date	01/09/2013	04/29/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		270
CasingNumbSacksUsedPDF_3		285
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		343
CasingSettingDepthPDF_3		4255

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2		9.625
CasingSizeCasingSetP DF_3		7
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		8.75
CasingTypeOfCementP DF_2		Class C
CasingTypeOfCementP DF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		23
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple Combo
Fluid Mngmt - Chloride Content		0
Fluid Mngmt - County		Harper

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Dewatering Method		Hauled to Disposal
Fluid Mngmt - Fluid Volume		0
Fluid Mngmt - Lease Name		N/A
Fluid Mngmt - Operator License		99999
Fluid Mngmt - Operator Name		Plumb Thicket Landfill
Fluid Mngmt - Permit		KDHE Permit #0842
Fluid Mngmt - Quarter		SW
Fluid Mngmt - Range		6
Fluid Mngmt - Range Direction		West
Fluid Mngmt - Section		4
Fluid Mngmt - Township		31
Formation Top Source - Log	No	Yes
Liner Run?		No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Open Hole	No	Yes
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1107257	../../../../kcc/detail/operatorEditDetail.cfm?docID=1135756
TopsDepth1		3757
TopsDepth2		3800
TopsDepth3		3856
TopsDepth4		3872
TopsDepth5		4100
TopsDepth6		4249
TopsName1	CONDUCTOR ONLY	Cherokee
TopsName2		Mississippi
TopsName3		Compton

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName4		Kinderhook
TopsName5		Viola
TopsName6		Arbuckle
Total Depth	60	5040
Tubing Packer At		4215
Tubing Record - Set At		4225
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: Young Trust 2309 35-1

API: 15-155-21612-00-00

Doc ID: 1135756

Correction Number: 1

Attachment Name

YOUNG TRUST 2309 #35-1 Conductor record

YOUNG TRUST 2309 #35-1 Surface Cement rpt

YOUNG TRUST 2309 #35-1 Intermediate Cement rpt



CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

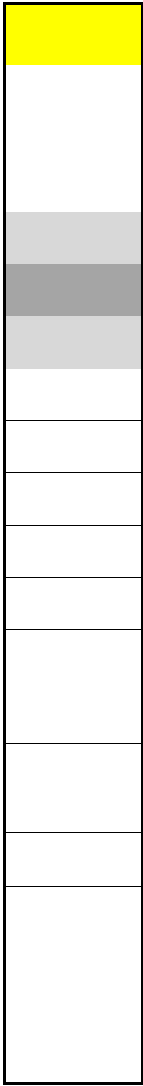
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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SHELL GULF OF MEXICO, INC. (34574)	YOUNG TRUST 2309-35	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)		
	1 SWD conductor	1 SWD Mouse Hole
Call in DATE OF SPUD	12/7/2012	
spud in date	12/7/12	12/11/2012
T.D date	12/7/12	12/11/2012
Size Hole Drilled	26"	20"
Size Caseing Set (in O.D)	18"	20"
conductor wall thickness	250	188
Weight Lbs./Ft.	47.76	27.66
Setting Depth	66'	75'
Type of Cement	type1/2 portland cement	Type 1/2 portland cement
Cubic yards of cement	6cy	7cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash

Size Caseing Set (in O.D)		
Weight Lbs./Ft.		
Setting Depth		
Type of Cement		
# of Sacks Used		
Type and Percent of Additives		
Purpose of String		



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 09, 2013

Damonica Pierson
Shell Gulf of Mexico Inc.
150 N DAIRY-ASHFORD (77079)
PO BOX 576 (77001-0576)
HOUSTON, TX 77001-0576

Re: ACO1
API 15-155-21612-00-00
Young Trust 2309 35-1
SE/4 Sec.35-23S-09W
Reno County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Damonica Pierson