

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1242132

Form ACO-1

August 2013

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

**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  
Recompletion Date

Date Reached TD

Completion Date or  
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: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
TUBING RECORD:                      Size:                      Set At:                      Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Explain) _____			
Estimated Production Per 24 Hours	Oil                      Bbls.	Gas                      Mcf	Water                      Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>                      <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>		<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>	
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Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	Fuller LO-44
Doc ID	1242132

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	23	40	Portland	12	0
Production	5.875	2.875	6	1105	pozmix	161	0

3613A Y Road  
Madison, KS 66860  
Ph: 620-437-2661  
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway  
Garnett, KS 66032  
Ph: 785-448-3100  
Fax: 785-448-3102

FED ID# 48-1214033  
MC ID# 165290

Remit to: Hurricane Services, Inc.  
250 N. Water, Suite 200  
Wichita, KS 67202

Customer:

LAKESHORE OPERATING LLC  
C/O CAROLYN JERGENSON CPA LLC  
340 S LAURA ST  
WICHITA, KS 67211

Invoice Date: 11/17/2014  
Invoice #: 0015610  
Lease Name: FULLER  
Well #: LO-44  
County: WOODSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50101 of JB	1.000	675.000	675.00
Mileage	40.000	3.250	130.00
Vac truck #108	2.000	84.000	168.00
Vac truck #111	2.000	84.000	168.00
Bulk truck #242	1.000	149.500	149.50
Cement Pozmix 60/40	161.000	12.000	1,932.00 T
Bentonite Gel	522.000	0.300	156.60 T
FLO Seal	40.250	2.150	86.54 T
City water	4,600.000	0.013	59.80
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
Discount	1.000	110.010-	110.01-T
Discount	1.000	67.520-	67.52-

9308  
Stage 2

Net Invoice 3,372.91  
Sales Tax: (7.15%) 149.44  
Total 3,522.35

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

**WE APPRECIATE YOUR BUSINESS!**

250 N. Water, Ste 200 - Wichita, Ks 67202

**HURRICANE SERVICES INC**

**104 Prairie Plaza Parkway - Garnett, Ks 66032**

Customer: Lakeshore Operating LLC				Customer No.:		Ticket No.:		50101	
Address:				APR No.:		P.O. No.:			
City, State, Zip:				Job type:		Longating Cement - 2 7/8" csg, 5 7/8" hole			
Service District: Garnett				Well Type:		2 7/8 casing set @ 1105.... 5 7/8 hole @ 1110			
Well name & No. Fuller lease... LO-44				Well Location:		County: Woodson		State: Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM PM
26	Joe					ARRIVED AT JOB			AM PM
231	Tom					START OPERATION			AM PM
242	Troy					FINISH OPERATION			AM PM
111	Tyler					RELEASED			AM PM
108	Jeff					MILES FROM STATION TO WELL			
Hook onto 2 7/8 casing and achieved circulation. Pumped 17 bbl gel sweep followed by 17 bbl water spacer and 161 sks of 60/40 poz mix 2% gel and 1/4 flo seal.. Flushed pump. Pumped plug to bottom and set float shoe.. Left 500 psi on well and shut well in.. CEMENT TO SURFACE.									
Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount		
C00101	Heavy Equip. One Way	mi	40.00	\$3.25	\$130.00		\$130.00		
C00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00		
C23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00	5.00%	\$641.25		
C10800	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	5.00%	\$159.60		
C11100	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	5.00%	\$159.60		
C24200	Cement Bulk Truck	tm	118.00	\$1.30	\$149.60	5.00%	\$142.03		
P01603	60/40 Pozmix Cement	sack	161.00	\$12.00	\$1,932.00	5.00%	\$1,835.40		
P01607	Bentonite Gel	lb	322.00	\$0.30	\$96.60	5.00%	\$91.77		
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	5.00%	\$57.00		
P01611	FLO-Seal	lb	40.25	\$2.15	\$86.54	5.00%	\$82.21		
P02000	H2O	gal	4,608.00	\$0.01	\$59.80	5.00%	\$56.81		
P01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00	5.00%	\$23.75		
TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 % per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to effect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.					Gross:		\$ 3,550.44	Net:	\$ 3,379.42
Total Taxable					\$2,090.13	Tax Rate:	7.150%	Sales Tax: \$ 149.44	
Free and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.							Total:	\$ 3,528.86	
Date of Service:					11/17/2014				
HSI Representative:					Joe Blanchard				
Customer Representative:					Greg Jackman				
X _____ CUSTOMER AUTHORIZED AGENT Customer Comments or Concerns:									

Huntlane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal.  
All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.