

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1244285  
OIL & GAS CONSERVATION DIVISION

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: \_\_\_\_\_

1244285



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
--	---

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: <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 <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



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: 11/6/2014  
 Invoice #: 0015440  
 Lease Name: ~~FEUER~~ SHEPARD  
 Well #: LQ-41  
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50439 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 #241	1.000	150.000	150.00
Cement Pozmix 60/40	171.000	12.000	2,052.00 T
Bentonite Gel	342.000	0.300	102.60 T
Bentonite Gel	200.000	0.300	60.00 T
FLO Seal	43.000	2.150	92.45 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	116.610-	116.61-T
Discount	1.000	67.540-	67.54-

Net Invoice 3,498.70  
 Sales Tax: (7.15%) 158.40  
**Total 3,657.10**

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.

9308 Stage 2

**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.:	50439				
Address:				AFE No.:		P.O. No.:					
City, State, Zip:				Job Type:	Cement Longstring						
Service District:	Garnett, Ks			Well Type:	2 7/8 casing set at 1110 in a 5 7/8 hole at 1122						
Well name & No.:	LO-41			Well Location:		County:	Woodson	State:	KS		
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM	PM	TIME
26	Joe					ARRIVED AT JOB			AM	PM	
231	Tom					START OPERATION			AM	PM	
108	Jeff					FINISH OPERATION			AM	PM	
111	Tyler					RELEASED			AM	PM	
241	Troy					MILES FROM STATION TO WELL			AM	PM	
Hook onto 2 7/8 casing , achieved circulation. Pumped 15 bbl gel sweep followed by 17 bbl water spacer and 171 sks of 60/40 pozmix cement. Flushed pump , pumped plug to bottom and set float shoe. Left 500 psi on on plug after landing it. 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	5.00%	\$123.50
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
c00104	Minimum Ton Mile Charge	ea	0.50	\$300.00	\$150.00	5.00%	\$142.50
P01803	60/40 Pozmix Cement	sack	171.00	\$12.00	\$2,052.00	5.00%	\$1,949.40
P01807	Bentonite Gel	lb	342.00	\$0.30	\$102.60	5.00%	\$97.47
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	5.00%	\$57.00
P01811	FLO-Seal	lb	43.00	\$2.15	\$92.45	5.00%	\$87.83
P02000	H2O	gal	4,600.00	\$0.01	\$59.80	5.00%	\$56.81
P01831	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 30 days 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 1/4% per month of 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 affect 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:	\$ 3,682.85	Net:	\$ 3,498.71
Total Taxable	\$2,215.45	Tax Rate:	7.160%
Free and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable		Sale Tax:	\$ 158.40
		Total:	\$ 3,657.11

Date of Service	11/6/2014
HSI Representative	Joe Blanchard
Customer Representative	Wesly Ketcham

X \_\_\_\_\_  
 CUSTOMER AUTHORIZED AGENT

**Customer Comments or Concerns:**

Hurricane 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.