

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1244315
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
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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

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: _____

1244315

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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: 12/23/2014
Invoice #: 0015926
Lease Name: FULLER
Well #: LO-51
County: WOODSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50133 of JB	1.000	675.000	675.00
Vac truck #108	2.000	84.000	168.00
Vac truck #111	2.000	84.000	168.00
Bulk truck #240	0.500	299.000	149.50
Cement Pozmix 60/40	164.000	12.000	1,968.00 T
Bentonite Gel	528.000	0.300	158.40 T
FLO Seal	41.000	2.150	88.15 T
City water	4,600.000	0.013	59.80 T
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
Discount	1.000	114.970-	114.97-T
Discount	1.000	58.030-	58.03-

9308
Stage 2

Net Invoice 3,286.85
Sales Tax: (7.15%) 156.18
Total 3,443.03

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	Customer No.:		Ticket No.:	50133			
Address:		AFE No.:		P.O. No.:				
City, State, Zip:		Job type:	Cement Longstring - 2 7/8 csg" , 5 7/8" hole					
Service District:	Garnett	Well Data:	2 7/8 casing @1100.. 5 7/8 hole @ 1110					
Well name & No.:	Fuller Lease.. L0-51	Well Location:	Country:	Woodson	State: Kansas			
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
26	Joe					ARRIVED AT JOB	AM	
231	Tom					START OPERATION	AM	
240	Amos					FINISH OPERATION	AM	
111	scott					RELEASED	AM	
100	Jeff					MILES FROM STATION TO WELL	PM	

Hooked onto 2 7/8 casing and achieved circulation.. Pumped 17 bbl gel sweep followed by 17 bbl water spacer and 184 sks of 60/40 poz mix 2% gel 1/4 flo seal .. Flushed pump and pumped plug to bottom and set float shoe.. Left 500 psi on float shoe.. CEMENT TO SURFACE..

Product/Service Code	Description	Unit of Measure	Quantity	Unit Price/Unit	Gross Amount	Item Discount	Net Amount
c00101	Heavy Equip. One Way	mi		\$3.25			
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%	\$159.80
c11100	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	5.00%	\$159.80
C24000	Cement Bulk Truck	tm	115.00	\$1.30	\$149.50	5.00%	\$142.03
p01603	60/40 Pozmix Cement	sack	164.00	\$12.00	\$1,968.00	5.00%	\$1,869.60
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	5.00%	\$57.00
p01607	Bentonite Gel	lb	328.00	\$0.30	\$98.40	5.00%	\$93.48
p01611	FLO-Seal	lb	41.00	\$2.15	\$88.15	5.00%	\$83.74
p02000	H2O	gal	4,600.00	\$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 1/4% 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 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:	\$ 3,459.85	Net:	\$ 3,286.86
Total Taxable	\$2,184.38	Tax Rate:	7.150%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ 156.18
		Total:	\$ 3,443.04

Date of Service:	12/23/2014
HSI Representative:	Joe Blanchard
Customer Representative:	Greg Jackman

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.