

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1244347

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:

- |  |   |                                     |                               |
|--|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |                               |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |                               |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |                               |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |                               |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening       | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back       | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |
| <input type="checkbox"/> Commingled      | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> Dual Completion | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> SWD             | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> ENHR            | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> 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 LOI-11
Doc ID	1244347

#### 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	1110	Pozmix	134	0



**CONSOLIDATED**  
Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice# 803259

Invoice Date: 01/31/15

Terms: Net 30

Page 1

Lakeshore Operating, LLC

c/o Carolyn Jergenson, CPA, LLS

340 S. Laura Street

Wichita KS 67211

USA

773-754-6242

**FULLER LOI-11**

Part No	Description	9308	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper		1.000	1,083.6000	0.000	1,083.60
5406	Mileage Charge		40.000	0.0000	0.000	0.00
5402	Casing Footage		1,110.000	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge		257.280	1.4100	0.000	362.76
5502C	80 Vacuum Truck Cement		2.000	0.0000	0.000	0.00
1131	60/40 Poz Mix		134.000	13.1800	30.000	1,236.28
1118B	Premium Gel / Bentonite		661.000	0.2200	30.000	101.79
1107A	Phenoseal		134.000	1.3500	30.000	126.63
1110A	Kol Seal (50# BAG)		670.000	0.4600	30.000	215.74
4402	2 1/2 Rubber Plug		1.000	29.5000	0.000	29.50

Subtotal 3,876.50

Discounted Amount 720.19

SubTotal After Discount 3,156.31

Amount Due 4,050.26 If paid after 03/02/15

Tax: 122.26

Total: 3,278.56

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7554

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

2038

Invoice# 803259/1981

TICKET NUMBER 50826

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-30-15	4807	Fuller LOI-11	33	23	16	W0
CUSTOMER <u>Lake Shore Operating</u>						
MAILING ADDRESS <u>340 So. Lauva</u>						
CITY <u>Wichita</u>	STATE <u>KS</u>	ZIP CODE <u>67211</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Frc Mad		
			495	Har Bec		
			675	Kei Det		
			548	Dan Wba		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1117 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1110 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 6.45 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold Crew Safety Meeting. Establish circulation Mix Pump  
200# Gel Flush. Mix Pump 5ks 60/40 Poz Mix Cement  
4 1/2" Gel 5" Kol Seal/sk. 1" Pheno Seal/sk. Cement to Surface.  
Flush pump & lines Clean. Displace 2 1/2" Rubber plug to casing  
TD. Pressure to 800# PSI. Monitor Pressure for 30 min  
MIT. Release pressure to set float valve. Shut in casing.

Jackman Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1083.60
5406	40 mi	MILEAGE	495	84 NC N/C
5402	1110	Casing footage		N/C
5407A	257.28	Ton Mileage	548	362.26
5502C	2 hrs	VAC TIL	675	56 N/C
1131	1343 SKS	60/40 Poz Mix Cement	1766.12	
1118B	661#	Premium Gel	145.42	
1107A	134#	Pheno Seal	180.90	
1110A	670#	Kol Seal	308.20	
		Material	2400.64	
		less 30%	- 720.19	
		Total		1680.45
4402	1	2 1/2" Rubber Plug		29.50
			4419.66	
			7.15%	SALES TAX 122.26
				ESTIMATED TOTAL 3278.56

**completed**

Rev 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.