KOLAR Document ID: 1272410

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:					
Name:	Spot Description:					
Address 1:	SecTwpS. R					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
□ Oil □ WSW □ SWD	Producing Formation:					
Gas DH EOR	Elevation: Ground: Kelly Bushing:					
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name:	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
Committed at Provider	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:	Location of fluid disposal if fladied offsite.					
GSW Permit #:	Operator Name:					
<u> </u>	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West					
Recompletion Date Recompletion Date	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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II Approved by: Date:

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Page Two

Operator Name:				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Ta] Yes			on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geolgist Report / M List All E. Logs Ru	_		Yes No Yes No Yes No						
		R	CASING eport all strings set-o		New Used	on, etc.			
Purpose of Strin	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 / SO	UEEZE RECORD				
Purpose: Depth Top Bottom			ype of Cement	# Sacks Used					
Perforate Protect Casii	ng								
Plug Back TI Plug Off Zon									
 Did you perform a Does the volume of 	=	-		t exceed 350,000 ga	☐ Yes Ilons? ☐ Yes	No (If No, sk	ip questions 2 an ip question 3)	d 3)	
3. Was the hydraulic	fracturing treatm	ent information sub	mitted to the chemic	al disclosure registr	/? Yes	No (If No, fill	out Page Three	of the ACO-1)	
Date of first Producti Injection:	ion/Injection or R	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Oil Bbls.							Gas-Oil Ratio	Gravity	
Per 24 Hours									
DISPOSITION OF GAS: METHOD OF COI					LETION:			ON INTERVAL: Bottom	
			Open Hole		Dually Comp. Commingled Submit ACO-5) (Submit ACO-4)		Тор	BOROTT	
(If vented,	, Submit ACO-18.)			·		<u> </u>			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type				Record		
TUBING RECORD:	Size:	Set	At:	Packer At:					

Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	Fuller LO-WSW-1
Doc ID	1272410

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	40	Portland	12	0
Production	6.75	4.5	10.5	649	PozMix	75	0



HASTO TICKET NUMBER 49798

UNA LOCATION OFFE WE FOREMAN Flan Mader

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

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WELL	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-15	4807	Fuller	60-WSW-1	NW 33	23	16	WD
CUSTOMER							
MAILING ADDR	HOPP_			TRUCK#	DRIVER	TRUCK#	DRIVER
2				130	Mariade	Sately	Meet
5:40 S	Laura	CTATE	Tain cons	368	principa		
1		STATE	ZIP CODE	369	Mike Hog		
Wichi	79	<u>k</u> 3	67211	503	Troy Hor	•	
JOB TYPE 1/		HOLE SIZE	6 3/4 HOLE	DEPTH 650	CASING SIZE & V	VEIGHT 4%	?
CASING DEPT	H_ 646	DRILL PIPE	TUBIN	IG		OTHER	
SLURRY WEIG	нт	SLURRY VOL_	WATE	R gal/sk	CEMENT LEFT in	CASING_1/2	5
DISPLACEMEN	NT_10.0	DISPLACEMEN	T PSI 800 MIX P	si_200	RATE 460	m	
REMARKS:	teld neet	inc. Es	tablished	rate. Mix	ed + pr	moed	100#
9 81	Pollawed	by	J 651 du	e marker	Mixed	a sim	ned
75	5K PO2	Blend	TI.A plu	15 470 gel	5# 1601	seal ,	1 27
Phene	Scal 000	Sack	Circul		Fort due	Flush	ed
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CODE	QUANITY	or UNITS	DESCRIPT	TION of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
CE DH5D			PUMP CHARGE		368	15000	1
CE0002			MILEAGE	- X	368	2860	
CE 6711	N	11	tien m	1/85	503	6100	
WEOR53			80090	182	369	3/200	,
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Allena	// /					TOTAL	10 104
AUTHORIZTIO	N(/		TITLE	4 - 1 - 1 - 1 - 1		DATE(4441 7

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.