



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315758
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: _____

1315758

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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		

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, Inc.

5871 5777
80721

TICKET NUMBER 50084

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT

Invoice #80721

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-8-16	4807	Sturdivan 3, L0.41	NW 34	23	16	W0
CUSTOMER				TRUCK #		
Lake shore				7301		
MAILING ADDRESS				DRIVER		
340 S. Laura				Alan Mader		
CITY		STATE	ZIP CODE	TRUCK #		
Wichita		KS	67211	3681		
JOB TYPE				DRIVER		
Longstring				Mik Haas		
HOLE SIZE		HOLE DEPTH		TRUCK #		
5 7/8		1093		8041		
CASING DEPTH		TUBING		DRIVER		
1086				Casey Ken		
SLURRY WEIGHT		CASING SIZE & WEIGHT		OTHER		
		2 7/8				
DISPLACEMENT		WATER gal/ek		CEMENT LEFT In CASING		
6.3		800		yes		
DISPLACEMENT PSI		MIX PSI		RATE		
800		800		4 bpm		
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 147 5# Poz Blend II-A plus 2% gel, 5# Kalscal, 1# Pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.						

Jackman Drilling, Esau.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	308	
CE0002	40	MILEAGE	368	
CE0711	1	misc ton	804	
WE0853	3	80 val	369	
		Sub		
		less	47%	
CE0711	147	Poz Blend II-A		
CL5965	353#	gel		
CL6077	735#	Kalscal		
CL6079	147	Pheno seal		
CP8176	1	2 7/8 plug		
		Sub		
		less	47%	
SCANNED				
				7.5%

Rev'n 3/87

AUTHORIZATION *JM* TITLE _____

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.

Jackman Oilfield Services
 1 West Mulberry St.
 Colony, KS 66015
 620-852-3350

WELL LOG
 Lakeshore Operating, LLC
 Sturdivan 3 LO-41

June 1, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
10.00	Soil/clay	10.00	
13.00	Lime	23.00	
4.00	Sand stone	27.00	
50.00	Shale	77.00	
199.00	Lime	276.00	
14.00	Sand stone	290.00	
120.00	Lime	410.00	
3.00	Shale	413.00	
207.00	Lime	620.00	
4.00	Shale	624.00	
45.00	Lime	669.00	
183.00	Shale	852.00	
10.00	Lime	862.00	
54.00	Shale	916.00	
6.00	Lime	922.00	
10.00	Shale	932.00	
1.00	Coal	933.00	
25.00	Lime	958.00	
9.00	Shale	967.00	
11.00	Lime	978.00	
6.00	Shale	984.00	
9.00	Lime	993.00	
15.00	Shale	1,008.00	
3.00	Broken sand/shale	1,011.00	No bleed
8.00	Shale	1,019.00	
6.00	Grey sand	1,025.00	No bleed
26.00	Shale	1,051.00	
1.00	Lime	1,052.00	
0.50	Oil sand	1,052.50	
1.00	Shale	1,053.50	
1.00	Lime	1,054.50	
0.50	Oil sand	1,055.00	Good bleed

6.00	Oil sand/Sandy shale	1,061.00	Good bleed
5.00	Oil sand	1,066.00	No/light bleed
6.00	Sandy Shale	1,072.00	
21.00	Shale	1,093.00	TD

Drilled a 9 7/8" hole to 39'7"
Drilled a 5 7/8" hole to 1093'

Set 40' of 7" surface casing cemented with 10 sacks of portland cement
Ran 1086' of 2 7/8"
2 cores
No seating nipple
Cemented 6/8/16

Sturdivan 3 LO-41

F103 Replacement Chart M3181-X Mining Services Chart

LLF18103 CHANGE CHARTS AT 8:00 A.M. AND 8:00 P.M.

10-41 OPERATOR La. Kashol
 NO. _____ LEASE Stardman S
 LOC _____ SEC _____ T _____ R _____
 COUNTY Woodson STATE KS
 DATE ON 6-1-16 T. D. OFF _____
 TIME ON B. A. M. P. M. T. D. ON _____

DR'L G TIME	DR'L G OPERATIONS
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T.D. 1093
1086 at 2 1/8

2 col. of
cemented

6-8-10

CHART NO.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

November 09, 2016

Wesley Ketcham
Lakeshore Operating, LLC
23 1/2 E. MADISON AVE SUITE A
IOLA, KS 66749

Re: ACO-1
API 15-207-29341-00-00
STURDIVAN 3 LO-41
NW/4 Sec.34-23S-16E
Woodson County, Kansas

Dear Wesley Ketcham:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/1/2016 and the ACO-1 was received on November 09, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department