



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315762
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: _____

1315762

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 <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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

5951
5857

807804

TICKET NUMBER 50085
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-16	4807	Stardivan 3 LD-42	NW 34	23	16	Wa
CUSTOMER Lakeshore			TRUCK#			
MAILING ADDRESS 340 S. Laura			DRIVER			
CITY Wichita			TRUCK#			
STATE KS			DRIVER			
ZIP CODE 67211			TRUCK#			
			DRIVER			

JOB TYPE longstring HOLE SIZE 5 7/8 HOLE DEPTH 1100 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 1091 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING yes
DISPLACEMENT 6.34 DISPLACEMENT PSI 800 MIX PSI 220 RATE 4 bpm

REMARKS: Held Meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 137 sk Poz Blend TE A plus 2% gel, 5# kal seal, 1# pheno seal per sock circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Jackman Esau

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	
CE0450 ✓	1	PUMP CHARGE	368
CE0002 ✓	40	MILEAGE	368
CE0711 ✓	1	min ton miles	804
WE0953 ✓	3	80 vac	869
		Sub Total	
		LESS 47%	
240 C15965 ✓	137	Poz Blend TE A	
C6677 ✓	3% #	gel	
C6679 ✓	685 #	kal seal	
CP8176 ✓	137 #	pheno seal	
	1	2 7/8 plug	
		Sub	
		LESS 47%	
			7.5

SCANNED

AUTHORIZATION

[Signature]

TOTAL

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-42

June 10, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
9.00	Soil/clay	9.00	
6.00	Lime	15.00	
163.00	Shale	178.00	
6.00	Lime	184.00	
54.00	Limestone	238.00	
194.00	Lime	432.00	
14.00	Sand	446.00	
230.00	Lime	676.00	
304.00	Shale	980.00	
12.00	Coal	992.00	
6.00	Lime	998.00	
5.00	Shale	1,003.00	
2.00	Lime	1,005.00	
6.00	White shale	1,011.00	
2.00	Lime	1,013.00	
11.00	Oil sand	1,024.00	
29.00	Shale	1,053.00	
1.00	Lime	1,054.00	
8.00	Oil sand	1,062.00	Good bleed
1.00	Sandy Shale	1,063.00	
5.00	Oil sand	1,068.00	Good bleed
2.50	Oil sand	1,070.50	Light bleed
11.50	Sandy shale	1,082.00	
18.00	Shale	1,100.00	TD

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

Drilled a 5 7/8" hole to 1100'

Set 40' of 7" surface casing cemented with 10 sacks of portland cement

Ran 1091' of 2 7/8"

2 cores

Seating nipple @ 1044'

Cemented on 6/15/16

Sturdivan 3 LO-42

F103

Replacement Chart M3181-X

(12 HOUR)

LLF18103

Mining Services Chart

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

OPERATION *in Ketchikan*

NO. *20115* LEASE *Sturdivant*

LOC _____ SEC _____ T. _____ R. _____

COUNTY *Woodson* STATE *KS*

DATE ON *6-10-76* T. D. OFF _____

TIME ON 8 A M 8 P M T. D. ON _____

DR LG TIME DR LG OPERATIONS

8:00	
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T.D. 1100
1099 of 278
calcs
scaling up @ 1044
Completed
6-15-16



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 15-207-29343-00-00
STURDIVAN 3 LO-42
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 6/10/2016 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