



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315765
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: _____

1315765

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> _____
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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, LLC

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8678

60045 / 5950

TICKET NUMBER 50087
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 857895

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-23-16	4807	Sturdivant 3 LD-44	N1W 34	R3	16	W0
CUSTOMER <u>lake shore</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3412 S Laura</u>			<u>730</u>	<u>Ala Mader</u>	<u>Safety</u>	<u>Maet</u>
CITY <u>Wichita</u>			<u>368</u>	<u>Al Mader</u>		
STATE <u>KS</u>			<u>735/T22</u>	<u>Cooney</u>		
ZIP CODE <u>67211</u>			<u>804</u>	<u>Crosby</u>		

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 1092 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1088 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Held meeting. Established rate. M. yield to pumped 100# gel followed by 137 sk Poz Blend II-A plus 29# gel 5# kid seal 1# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Tackman, E. Sec.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
CE0450	1	PUMP CHARGE 368
CE0022	40	MILEAGE 368
CE0711	Min	tax miles 804
WS2402	2 1/2	transport 7.35/T221
		Sub less 47% =
CE0049	137	Poz Blend II-A
CE59105	336 #	gel
CE60770	685 #	Kid seal
CE60779	137	Pheno seal
CE8176	1	2 1/2 plug
		Sub less 47% =

Form 3707

AUTHORIZATION _____ 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-44

June 16, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
9.00	Soil/clay	9.00	
4.00	Lime	13.00	
3.00	Shale	16.00	
4.00	Lime	20.00	
17.00	Shale	37.00	
6.00	Lime	43.00	
135.00	Shale	178.00	
84.00	Lime	262.00	
14.00	Shale	276.00	
46.00	Lime	322.00	
3.00	Coal	325.00	
111.00	Lime	436.00	
106.00	Sand stone	542.00	
37.00	Lime	579.00	
10.00	Sand stone	589.00	
28.00	Lime	617.00	
8.00	Shale	625.00	
34.00	Lime	659.00	
274.00	Shale	933.00	
2.00	Lime	935.00	
15.00	Shale	950.00	
6.00	Lime	956.00	
6.00	Coal	962.00	
24.00	Lime	986.00	
21.00	Shale	1,007.00	
1.00	Lime	1,008.00	
2.00	Top oil sand	1,010.00	Good bleed
3.00	Broken sand	1,013.00	Light bleed
2.50	Gray sand	1,015.50	
7.50	Sandy shale	1,023.00	
20.00	Shale	1,043.00	
1.00	Lime	1,044.00	
3.00	Shale	1,047.00	

1.00	Lime	1,048.00	
5.00	Top oil sand	1,053.00	Good bleed
3.00	Broken oil sand	1,056.00	With shale/good bleed
4.00	Oil sand	1,060.00	Good bleed
3.00	Shale	1,063.00	
2.00	Oil sand	1,065.00	Good bleed
27.00	Shale	1,092.00	TD

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

Drilled a 5 7/8" hole to 1092'

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

Ran 1085' of 2 7/8"

2 cores

No seating nipple

Cemented on 6/23/16

Sturdivan 3 LO-44



