

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1315776

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

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	Bbbs.	Gas	Mcf	Water	Bbbs.	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></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	STURDIVAN 3 LO-45
Doc ID	1315776

#### 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	17	40	Portland	10	
Production	5.875	2.875	6.5	1084	Poz Blend	151	



**CONSOLIDATED**  
OIL WELL SERVICES, LLC

6150  
6055

TICKET NUMBER **50145**  
LOCATION **Ottawa KS**  
FOREMAN **Fred Mader**

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8678

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

**Invoice #800538**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-8-16	4807	Sturdivant 3 2095	NW 34	23	16	W0
CUSTOMER <b>Lakeshore Operating, LLC</b>						
MAILING ADDRESS <b>340 So. Lawrence</b>						
CITY <b>Wichita</b>		STATE <b>KS</b>	ZIP CODE <b>67211</b>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mader		
			467	Mike Car		
			369	Mike Haa		
			804	Casey		

JOB TYPE <b>Logging</b>	HOLE SIZE <b>5 7/8</b>	HOLE DEPTH <b>1092'</b>	CASING SIZE & WEIGHT <b>2 1/8 EUE</b>
CASING DEPTH <b>1084'</b>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <b>2 1/2" Plug</b>
DISPLACEMENT <b>6.3 BBL</b>	DISPLACEMENT PSI	MIX PSI	RATE <b>46 PM</b>

REMARKS: Hold Safety mixing. Establish circulation. Mix Pump 100"  
Gel Flush. Mix & Pump 151 SKS Per Blend II A Cement 2%  
Gel 5" Kol Seal 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.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	
CE0456	1	PUMP CHARGE	467
CE0002	40 mi	MILEAGE	467
CE0711	Minimum	Ten Miles Delivery	804
WE0853	3 hrs	EO BBL Vac Truck	369
		Sub Total	
		less 47%	
CE5765	151 SKS	Per Blend II A Cement	
CE6079	360	Bentonite Gel	
CE6079	151	Pheno Seal	
CE6079	755	Kol Seal	
CP8176	1	2 1/2" Rubber Plug	
		Sub Total	
		less 47%	
			7.5%

Rev 07/97

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-45

June 30, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
6.00	Soil/clay	6.00	
3.00	Lime	9.00	
13.00	Sand stone	22.00	
15.00	Shale	37.00	
5.00	Lime	42.00	
134.00	Shale	176.00	
39.00	Lime	215.00	
7.00	Sand stone	222.00	
254.00	Lime	476.00	
9.00	Sand stone	485.00	
7.00	Shale	492.00	
184.00	Lime	676.00	
202.00	Shale	878.00	
16.00	Lime	894.00	
34.00	Shale	928.00	
20.00	Lime	948.00	
28.00	Shale	976.00	
18.00	Lime	994.00	
3.00	Coal	997.00	
4.00	Lime	1,001.00	
3.00	Coal	1,004.00	
1.00	Lime	1,005.00	
8.00	Shale	1,013.00	
2.00	Broken sand	1,015.00	
3.00	Oil sand	1,018.00	Good bleed
2.00	Broken sand	1,020.00	
20.00	Oil sand	1,040.00	
11.00	Shale	1,051.00	
3.00	Oil sand	1,054.00	
6.00	Oil sand	1,060.00	Good bleed
32.00	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 1084' of 2 7/8"

No cores

Seating nipple @ 1041'

Cemented on 7/8/16

Sturdivan 3 LO-45



**F103**

Replacement Chart M3181-X

(12 HOUR)

LLF18103

**Mining Services Chart**

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

OPERATOR

NO

LEASE

LOC

SEC

T

R

COUNTY

STATE

DATE ON

T. D. OFF

TIME ON

☐ B.A.M.☐ P.M.

T. D. ON

DR'L G TIME

DR'LG OPERATIONS

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1084' 28"

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7-1092

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