

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1315787

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 #	API No. 15 -				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
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 ☐ 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: ☐ Well Name:	Producing Formation: Elevation: Ground: Kelly Bushing: Feed Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feed If Alternate II completion, cement circulated from: Section Se				
Original Comp. Date: Original Total Depth:					
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content:ppm Fluid volume:bbls Dewatering method used: Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. REastWest 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:	



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	STURDIVAN 3 LO-49
Doc ID	1315787

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	40	Portland	10	
Production	5.875	2.375	6.5	1085	Poz Blend	144	

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

WELL LOG Lakeshore Operating, LLC Sturdivan 3 LO-49

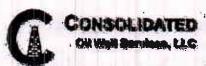
July 18, 2016

<u>Thickness</u>	<u>Formation</u>	<u>Total</u>
of Strata		
2.00	Soil	2.00
4.00	Clay	6.00
3.00	Lime	9.00
3.00	Sandstone	12.00
25.00	Shale	37.00
6.00	Lime	43.00
135.00	Shale	178.00
82.00	Lime	260.00
28.00	Sandstone	288.00
128.00	Lime	416.00
48.00	Sandstone	464.00
204.00	Lime	668.00
158.00	Shale	826.00
3.00	Lime	829.00
21.00	Shale	850.00
9.00	Lime	859.00
68.00	Shale	927.00
10.00	Lime `	937.00
38.00	Shale	975.00
22.00	Lime `	997.00
6.00	Shale	1,003.00
2.00	Lime	1,005.00
6.00	Oil sand	1,011.00
28.00	Shale	1,039.00
1.00	Lime	1,040.00
13.00	Oil second zone	1,053.00
2.00	Shale	1,055.00
5.00	Oil sand	1,060.00
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 1085' of 2 7/8" No cores Seating nipple @ 1030' Cemented on 7/22/16

Sturdivan 3 LO-49





LOCATION O+ Law a KS

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

FIELD TICKET & TREATMENT REPORT #808153

TRUCK# DRIVER TRUCK# DRIVER ALLING ADDRESS JYD SA LAUYA WICHIYA BYTHE ASING DEPTH 1095 DRILLIPIPE TUBING BYTHE BYTHE ASING DEPTH 1095 DRILLIPIPE TUBING THE WATER GALICK WATER GALICK TRUCK# DRIVER TO WATER GALICK TRUCK# DRIVER T		OL ROO-467-8631		the same and the s	CEMENT		carwo.		and the second second second
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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