



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315788
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
-----------------------------------	-----------------	---

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: _____

1315788

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

6313
6218

TICKET NUMBER 50201
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-457-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 63191

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-16	4807	Sturdison # L0-50	NW 34	23	16	WO

CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
Lake Shore Operating LLC		712	Fred Mader		
MAILING ADDRESS		368	Al Mader		
340 So. Laura		675	Mike Dett		
CITY		804	Mike Haa		
Wichita	STATE	ZIP CODE			
	KS	67211			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1092 CASING SIZE & WEIGHT 3 1/2 EUE
 CASING DEPTH 1015 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Rubber
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump
100# Gal Flush. Move Pump 141 SKS Per Blend II A
Cement 270 gal 5# Kal Seal 1# Pheno Seal/sk. Cement to
Surface. Flush pump + line clean. Displace 2 1/2" Rubber
plug to casing TD. Pressure to _____ PSI. Release pressure
to set float value.

Jackman Oil Well Service

Fred Mader

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE		
CE0002	40 mi	MILEAGE		
CE074	Minimum	Ten Miles Delivery		
WE0853	3 1/2 hrs	EO BBL Vac Truck		
		Sub Total		
		Less 47%		
CE5965	141 SKS	Per Blend II A Cement		
CE6077	343 #	Bentonite Gel		
CE6077	205 #	Kal Seal		
CE6079	141 #	Pheno Seal		
CE6176	1	2 1/2" Rubber Plug		
		Sub Total		
ENTERED JUL 28 2016				

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-50

July 22, 2016

<u>Thickness</u> <u>of Strata</u>	<u>Formation</u>	<u>Total</u>
3.00	Soil	3.00
4.00	Clay	7.00
4.00	Lime	11.00
3.00	Shale	14.00
3.00	Lime	17.00
20.00	Shale	37.00
6.00	Lime	43.00
127.00	Shale	170.00
102.00	Lime	272.00
17.00	Sandstone	289.00
143.00	Lime	432.00
43.00	Shale	475.00
26.00	Lime	501.00
16.00	Red Shale	517.00
22.00	Lime	539.00
4.00	Shale	543.00
109.00	Lime	652.00
2.00	Shale	654.00
5.00	Lime	659.00
196.00	Shale	855.00
8.00	Lime	863.00
69.00	Shale	932.00
12.00	Lime	944.00
44.00	Shale	988.00
3.00	Lime	991.00
2.00	Shale	993.00
4.00	Lime	997.00
2.00	Shale	999.00
1.00	Lime	1,000.00
8.00	Shale	1,008.00
14.00	Top oil sand	1,022.00
17.00	Shale	1,039.00
2.00	Lime	1,041.00

18.00	Oil sand	1,059.00	
26.00	Shale	1,085.00	
3.00	Lime	1,088.00	
4.00	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 @ 1031'

Cemented on 7/26/16

Sturdivan 3 LO-50