



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315835
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: _____

1315835

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Lakeshore Operating, LLC
Sturdivan 3 LOI-1

July 26, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3.00	Soil	3.00	
8.00	Shale	11.00	
3.00	Lime	14.00	
23.00	Shale	37.00	
5.00	Lime	42.00	
136.00	Shale	178.00	
24.00	Lime	202.00	
14.00	Sandstone	216.00	
60.00	Lime	276.00	
12.00	Sandstone	288.00	
113.00	Lime	401.00	
108.00	Shale	509.00	
6.00	Lime	515.00	
35.00	Shale	550.00	
126.00	Lime	676.00	
156.00	Shale	832.00	
16.00	Lime	848.00	
87.00	Shale	935.00	
6.00	Lime	941.00	
68.00	Shale	1,009.00	
10.00	Top oil sand	1,019.00	
27.00	Shale	1,046.00	
15.00	Top oil sand	1,061.00	
25.00	Shale	1,086.00	
1.00	Lime	1,087.00	
5.00	Shale	1,092.00	TD

Drilled a 9 7/8" hole to 39.5'
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
No seating nipple
Cemented on 7/29/16

Sturdivan 3 LOI-1



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

6349
6254

TICKET NUMBER 50205
LOCATION Ottawa KS
FOREMAN Fred Mady

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 808225

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-29-16	4807	Sturdman # 401-1	34 NW	23	16	WD
CUSTOMER			TRUCK #			
Lakeshore Operating LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
340 So. Laura			DRIVER			
CITY		STATE	ZIP CODE			
Wichita		KS	67211			

JOB TYPE <u>Longshoring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1092</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>1085</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sek	CEMENT LEFT In CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>6.3 BBLs</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.6 PPH</u>

REMARKS: Hold Safety Meeting. Establish Circulation. MIT Pump
100 gal Gal Flush. MIT Pump 145 SKS for Blend II A Cement
2 7/8 Gal 5" Kol Seal 1" Pheno Seal / SK. Cement to Surface.
Flush pump & lines clean. Displace 2 1/2" Rubber plug to
casing top. Pressure to 800 PSI. Monitor pressure for
30 Min MIT. Release pressure to get float value.
Shut in casing.

Vackman Oil Well Service Fred Mady

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or P
CE0450	1	PUMP CHARGE
CE0002	40 mi	MILEAGE
CE0711	1/2 minimum	Ten Miles delivery
WE0853	2 1/2 hrs	80 BBL Vac Truck
		Trucks
		Les
CC5942	145 SKs	Por Blend II A Cement
CC5965	350 gal	Gal
CC6071	725 gal	Kol Seal
CC6079	145 gal	Pheno Seal
CP8176	1	2 1/2" Rubber Plug
		Sub T
		Les

7357

Form 3737
TOTAL
AUTHORIZATION _____ TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on account records, at our office, and conditions of service on the back of this form