

1315844

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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CONSOLIDATED
OIL AND GAS SERVICES, LLC

PO Box 894, Chanute, KS 65720
620-431-9210 or 800-467-8676

W431
W334

TICKET NUMBER 50166

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

Invoice # 808333

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-16	4807	Sturdivant 3 LDI-6	NW 34	23	16	W0

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
hake, shore	730	Alan Mader	Safety Meet	
MAILING ADDRESS	495	Huber		
340 S. Laura	369	Mikhael		
CITY	804	Ar Mader		
Wichita				
STATE				
KS				
ZIP CODE				
67211				

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 1/8</u>	HOLE DEPTH <u>1092</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>1085</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>623</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 119 sk Poz Blend II-A plus 2 1/2 gal 5# Keloseal + 1# Pheno seal per sack. Circulated cement. Flashed pump. Pumped plug to casing T.D. Well held 800 PSI for 30 minute M.I.T. Set float.

Tackman Drilling

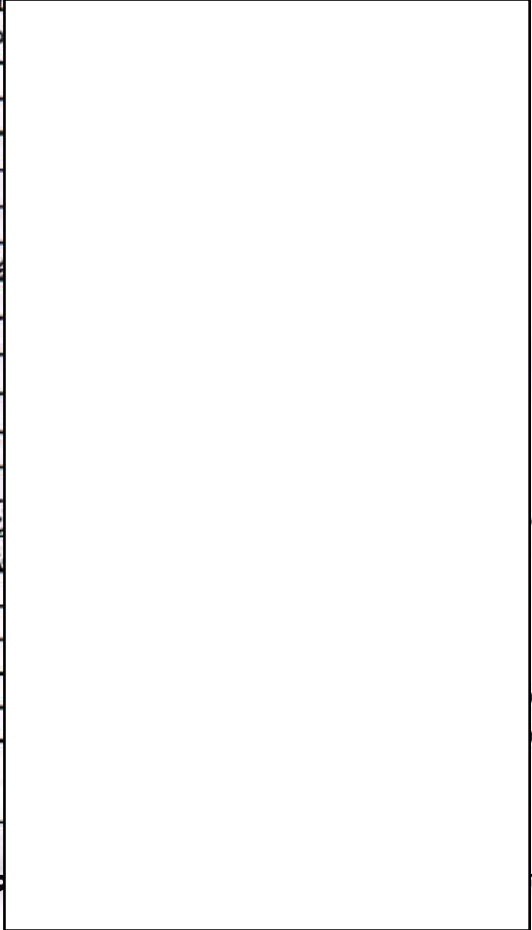
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES
LE0452		PUMP CHARGE
LE0022	40	MILEAGE
CR0711	MIA	Non-miles
WE0853	3	80 vac
		sub
		head
CC5912	119	Poz Blend II
CC5965	305 #	gel
CC6077	595 #	Keloseal
CC6079	119	Pheno seal
CP8176	1	2 1/2 plug
		Se
		head

MS1

Form 0727
AUTHORIZATION _____ TITLE _____

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



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

WELL LOG
Lakeshore Operating, LLC
Sturdivan 3 LOI-6

August 5, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3.00	Soil	3.00	
5.00	Clay	8.00	
4.00	Lime	12.00	
10.00	Broken lime	22.00	
15.00	Gray Shale	37.00	
6.00	Lime	43.00	
132.00	Shale	175.00	
36.00	Lime	211.00	
37.00	Sandstone	248.00	
152.00	Lime	400.00	
51.00	Shale	451.00	
37.00	Lime	488.00	
13.00	Shale	501.00	
17.00	Red Shale	518.00	
132.00	Lime	650.00	
300.00	Shale	950.00	
8.00	Lime	958.00	
45.00	Shale	1,003.00	
1.00	Lime	1,004.00	
4.00	Shale	1,008.00	
11.00	Oil sand	1,019.00	
20.00	Shale	1,039.00	
1.00	Lime	1,040.00	
5.00	Shale	1,045.00	
14.00	Oil sand	1,059.00	
27.00	Shale	1,086.00	
2.00	Lime	1,088.00	
4.00	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 8/12/16

Sturdivan 3 LOI-6