

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1315844

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:			SecTwp S. R		
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □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:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground: Kelly Bushing:		
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW Permit #:		Operator Name:			
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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 Approved by: Date:				



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.							
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		0.0000					
		CASING Report all strings set-o	RECORD Ne 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 / SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing							
Plug Back TD Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	o questions 2 an	nd 3)
	· · · · · · · · · · · · · · · · · · ·	aulic fracturing treatment ex	_			o question 3)	of the ACO 1)
was the hydraulic fractur	ring treatment information	submitted to the chemical of	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		N RECORD - Bridge Plug potage of Each Interval Perf			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 ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain)							
Estimated Production Per 24 Hours	Oil B		Mcf Wate			ias-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	, and a second	METHOD OF COMPLE	TION		PRODI ICTIC	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled	THODOUTIC	ZIN IINI ELIVAE.
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	STURDIVAN 3 LOI-6
Doc ID	1315844

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9.875	7	17	40	Portland	10	
Production	5.875	2.875	6.5	1085	Poz Blend	119	



O Box 884, Chanute, KS 85720 1 320-431-9210 or 800-467-8676	FIELD TICKET & TREAT	MENT REP	016#8	18333
DATE CUSTOMED#1	MALI MANE & MUMBER	SECTION	TOWNSHIP	RANGE

DATE CUSTOMER#	ER# WELL NAME & NUMBER			SECTION TOWNSHIP RANGE		
8-12-16 4807 15	turdiumy 3	401.6	NW 34	23	16	Wo
CUSTOMER .		1		NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	TOUCK #	DRIVER
Halle ghore		1 "."	TRUCK#	DRIVER	TRUCK#	OJ MA
340 S. Laur			130	7710/190	6- 00	are yeures
	ATE ZIP CODE	4	495	Howser		
Wichita 1	16 6 1/2211		004	MIKH9G		
	17710]	1092	1411/1611	7	7/8
	LESIZE 578	_HOLE DEPTH	1072	Casing Size & V	the state of the s	70
1 Company 1 Comp	RAL PIPE	TUBING:			OTHER	85
12	URRY VOL.	WATER galls	C303-3-3	CEMENT LEFT, IN	CASING	
4 7 0		MIX PSI 2	00	RATE O 6		- 0
The state of the s	ing. Fisteb	Shed	rare	VIIXED	t pur	noar
100 to gre follo	need by	117 5	K 102	Drug	H-AP	145
220 gel 5# Ke	15001 CL 1	Phena		24,59	ck.	,
Circulated ca	ment. +10	15hed	pump.	Pun;	god p	149
to casing T	D) Well	held	800	P61 2	00 3	Minute
MIT Set	Hoat.					
					- A	5
Tads	nan Drilling		- /	10	Moide	
			(/)	Law.	1000	

CODE	QUANITY & UNITS	: DESCRIPTION of SERVICES o
(BONSO		PLMP CHARGE
CEOOD2 P	140	MILEAGE
(RO711 8	MIN.	tien miles
WE0853 P	3	80 Vac
		sub her
CLEBREY	1/9 :	Poz Blend II
CC59650	305#	9-1
CLGOTT V	595#	Kel seal
CC 6079 V	119	Phenoseal
CP 8176 P	1 1 1890	2 2 olue
		150
		· · · he
-		3
		2
Rando 19737		
AUTHORIZTION	1000	Di - mie

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 to

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</u>	<u>Formation</u>	<u>Total</u>
of Strata		
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