

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1363053

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	FULLER 21
Doc ID	1363053

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	17	41	PORTLAND	11	NA
Production	6.25	4.5	10.5	1090	PORTLAND A	130	SEE TICKET

STATION Chanute OPERATOR Chanute

P.O. Box 884

Ticket 76839

CONSOLIDATED OIL WELL SERVICES, INC.

Chanute, Kansas 66720
Phone (316) 431-9210

Date 11/1/89	Customer's Acct. No. 4712	Sec. 33	Twp. 23	Range 16	Well No. & Farm #21 Full	Place or Destination YC
Charge To Lewis C Long				Owner 600 3011 31 3401		County W/O
Mailing Address Box 131				Contractor		State KAN
City & State HAMILTON KS. 64889				Well Owner Operator Contractor		

CEMENTING SERVICE DATA

TYPE OF JOB		CASING		HOLE DATA		PLUGS AND HEAD		PRESSURE		CEMENT LEFT IN CASING	
Surface		New		Bore Size	6 1/4	Bottom	Fuller 8100	Circulating	200	Requested	
Production	✓	Used	✓	Total Depth	1700	Top	PC	Minimum	400	Necessity	
Squeeze		Size	4 1/2			Head		Maximum	600	Measured	
Pumping		Weight		Cable Tool		FLOAT EQUIPMENT		Sacks Cement	1305+		
Other		Depth	1090	Rotary	✓			Type & Brand	Portland - A		
		Type	8" x					Admixes	50/50 POT 2% JEL		

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from		psi to		psi
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid		Type	Open Hole Diameter	
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	
Remarks:					
No. Perforations	Pay Formation Name			Depth of Job	Ft.

CEMENTING

INVOICE SECTION

FRACTURING - ACIDIZING

Pumping Charge	Office Use	\$	Pumping Charge	Office Use	\$
Pumping Charge	Office Use	\$ 396.00	Pumping Charge	Office Use	\$
130 Sacks Bulk Cement	@	1101	642.50	12x30 Sand	@
Ton Mileage on Bulk Cement	@	1401	150.00	10x20 Sand	@
2" x Premium Gel	@	501	15.30	x Sand	@
Flo-Seal	@			Ton Mileage	@
Calcium Chloride	@			Gals., Acid	@
1-4 1/2 Plug	@	148.8	15.50	Chemicals	@
	@				@
Equipment	@				@
OWN OWN WATER	@				@
	@				@
	@				@
	@			Potassium Chloride	@
	@			Rock Salt	@
Granulated Salt	@			Water Gel	@
Transport Truck (Hrs.)	@			Transport Truck (Hrs.)	@
Vac Truck (Hrs.)	@			Vac Truck (Hrs.)	@
	@				@
		Tax	17.53		Tax
A Finance Charge computed at 1% per month (annual percentage rate of 21%) will be added to balance over 30 days.		Total	\$ 1278.33	Total	\$

Kelly Down Drilling Co., Inc.

K. W. Laymon
Drilling Contractor
&
Oil Producer

Route 1

Neosho Falls, Kansas 66758

Phone: (316) 963-2495

October 30, 1989

Lewis C. Long
Box 110
Hamilton, Kansas 66853

Fuller No. 21
Spudding Date: 10/26/89
Completion Date: 10/30/89

Soil & Clay	0 - 17
Lime	17 - 20
Shale	20 - 199
Lime & Shale	199 - 636
Lime	636 - 677
Shale	677 - 838
Lime & Shale	838 - 997
Black Shale	997 - 1000
Lime 5'	1000 - 1004
Black Shale	1004 - 1008
Sandy Shale	1008 - 1015
Sand upper	1015 - 1025
Sandy Shale	1025 - 1051
Cap Rock	1051 - 1052
Shale	1052 - 1054
Cap Rock	1054 - 1056
Sand Lower	1056 - 1068
Shale	1068 - 1110
Total Depth	1110

11 sacks cement
Set 40.70' of 7" surface.
Ran 1,091' of 4½" pipe.
used 130 sacks cement Portland A
2% Gel 50/50 pot

Our copy

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6443

Name: Lewis C. Long

Address Box 110

Hamilton

City/State/Zip Kansas 66853

Purchaser: Kelly MacLaskey

Operator Contact Person: Lewis Long

Phone (316) 678-3819

Contractor: Name: Kelly Down Drgl. Co.

License: 5661

Wellsite Geologist: Ivan Stuber

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☒ Oil ☐ SWD ☐ Temp. Abd.
☐ Gas ☒ Inj ☐ Delayed Comp.
☐ Dry ☐ Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable

10-26-89 10-30-89 12-7-89
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

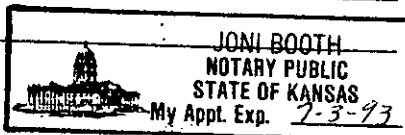
Signature Lewis C. Long

Title Owner-Operator Date 12-21-89

Subscribed and sworn to before me this 21st day of December, 19 89.

Notary Public Joni Booth

Date Commission Expires 7-3-93



API NO. 15- 207-25,705

County Woodson

NW SE NE $\frac{1}{4}$ Sec. 33 Twp. 23 Rge. 16 East West

3400 Ft. North from Southeast Corner of Section

1205 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

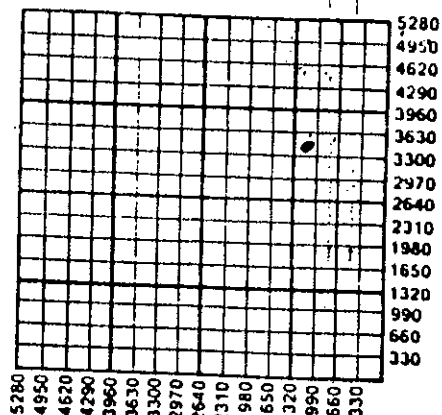
Lease Name Fuller Well # 21

Field Name Vernon

Producing Formation Squirrel

Elevation: Ground 1078' KB _____

Total Depth 1110' PBTD _____



Amount of Surface Pipe Set and Cemented at 40.70 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 40.70

feet depth to surface w/ 11 sx w/ 1sx Cal. sx tmt.

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Drillers Timelog Received

Distribution

_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

SIDE TWO

Operator Name Lewis C. LongLease Name FullerWell # 21Sec. 33 Twp. 23 Rge. 16 ☒ East
☐ WestCounty Woodson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.)☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy.)☒ Yes ☐ No

Formation Description

☒ Log ☐ Sample

Name	Top	Bottom
Soil & Clay	0	17
Lime	17	677
Shale	677	838
Lime & Shale	838	997
Blk Shale	997	1000
Lime	1000	1004
Shale	1068	1110
TD		1110

CASING RECORD

☐ New ☒ 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
surface		7"		40.70	Portland	11	1sx Calcium
production	6 1/4"	4 1/2" 8rd		1090	Portland A	130	50/50 pez 2

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used) Depth

1/ft	5 shots	1056' to 1060'	3 1/2" Alum	
1/ft	6 shots	1065' to 1068'	3 1/2" Alum	1081

TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes ☒ No

2"

1055'

Date of First Production

Producing Method

☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

12-7-89

Estimated Production
Per 24 HoursOil Bbls.
10 BBlS

Gas

Mcf

Water

Bbls.

Gas-Oil Ratio

Gravity

None

24

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☒ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)☐ Open Hole ☒ Perforation ☐ Dually Completed ☐ Conningled☐ Other (Specify) _____