

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1363775

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:			Sec.	Twp S. R	_
Address 2:			F6	eet from	outh Line of Section
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:
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:					
Designate Type of Completion:			Lease Name:	Well	#:
New Well Re	e-Entry	Workover	Field Name:		
	SWD	SIOW	Producing Formation:		
Gas D&A		☐ SIGW	Elevation: Ground:	Kelly Bushing:	
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	th:
CM (Coal Bed Methane)			Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Co	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	o
If Workover/Re-entry: Old Well In	nfo as follows:		If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original T	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to	he Reserve Pit)	
Commission of a d	De wasit #		Chloride content:	ppm Fluid volume:	bbls
CommingledDual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			Location of haid disposal in	nadica officia.	
GSW	Permit #:		Operator Name:		
_				License #:	
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	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 III Approved by: Date:							

Page Two



Operator Name:				_ Lease Na	ıme:			Well #:		
Sec Twp	S. R	East	West	County: _						
open and closed, flow	ow important tops of for ing and shut-in pressu to surface test, along w	ires, wheth	ner shut-in pre	ssure reache	ed static	level, hydrosta	itic pressures,			
	g, Final Logs run to ob d in LAS version 2.0 o					gs must be ema	ailed to kcc-we	l-logs@kcc.ks.go	v. Digital electronic lo	
Drill Stem Tests Taken (Attach Additional S		Yes	s No		_ Lo		on (Top), Depth		Sample	
Samples Sent to Geol	logical Survey	Yes	s No		Name)		Тор	Datum	
Cores Taken Electric Log Run		Yes								
List All E. Logs Run:										
		Repor	CASING		Nev	w Used	ion etc			
Purpose of String	Size Hole			Weight		Setting Typ		# Sacks	Type and Percent	
rulpose of String	Drilled	Set ((In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
			ADDITIONAL	OFMENTING						
Purpose:	Depth	Time				EEZE RECORD		d Darsont Additives		
Perforate	Top Bottom	туре с	of Cement	# Sacks U	sea	Type and Percent Additives				
Protect Casing Plug Back TD										
Plug Off Zone										
	ulic fracturing treatment or					Yes		skip questions 2 ai	nd 3)	
	otal base fluid of the hydra ing treatment information		_		_	Yes[Yes[skip question 3) fill out Page Three	of the ACO 1)	
vvas trie riyuraulic fractur	ing treatment information	Submitted t	o the chemical t	iisciosure regis		ies	INO (11 INO,	IIII out Faye Tillee	or the ACO-1)	
Shots Per Foot			D - Bridge Plug: ach Interval Perf			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
						·				
TUDING DECORD	Cize	0-+ *+		Do-li- At		Lines Der				
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth	iod:						
,	,		Flowing	Pumping		Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	r B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:			IETHOD OF O	OMBI E.	TION:		DDODUCTIO	ON INTERVAL.	
Vented Sold	ON OF GAS: Used on Lease		pen Hole	IETHOD OF C	Dually		mmingled	PHODUCIIC	ON INTERVAL:	
	bmit ACO-18.)		_		Submit A		omit ACO-4)			
(11 verneu, Sul	noo 10.)	0	ther (Specify)							

Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	FULLER 21
Doc ID	1363775

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	41	Portland	11	NA
Production	5.625	2.875	6.5	1090	Portland A	130	See Ticket