

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III 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.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

RECEIVED
 JUL 31 2017
 Invoice# 810826

Invoice

Invoice Date: 07/26/17

Terms: Net 30

Page 1

Lakeshore Operating, LLC

c/o Carolyn Jergenson, CPA, LLS
 340 S. Laura Street
 Wichita KS 67211
 USA
 773-754-6242

BAILEY FARM LO-1

9308

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	47.000	795.00
CE0002	Equipment Mileage Charge - Heavy Equipment	55.000	7.1500	47.000	208.42
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	47.000	349.80
WE0853	80 BBL Vacuum Truck (Cement Services)	5.000	100.0000	47.000	265.00
CC5842	Poz-Blend II A (60:40)	134.000	14.7500	47.000	1,047.55
CC5965	Bentonite	330.000	0.3000	47.000	52.47
CC6077	Kolseal	670.000	0.5000	47.000	177.55
CC6079	PhenoSeal Formica Flakes	134.000	1.3500	47.000	95.88
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	47.000	23.85

Subtotal 5,689.65

Discounted Amount 2,674.14

SubTotal After Discount 3,015.51

Amount Due 5,861.02 If paid after 08/25/17

Tax: 90.82

Total: 3,106.34



8267
8558

TICKET NUMBER 50458
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT APT# 15-205-28395-0000 INVOICE # 810826

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-17	N807	Bailey Farm L.O. 1	NW 24	30	15	Wilson
CUSTOMER <u>Lake Shore</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>340 S. Laura</u>			<u>730</u>	<u>Alan Maden</u>	<u>Safety Meet</u>	
CITY <u>Wichita</u>			<u>467</u>	<u>Kei Car</u>		
STATE <u>KS</u>			<u>369</u>	<u>Mik Hag</u>		
ZIP CODE <u>67211</u>			<u>503</u>	<u>Cas Ben</u>		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1022 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1215 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. EST established rate. Mixed & pumped 100# gel followed by 134 sls Poz Blend II-A plus 2% gel 5# Kpl seal, 1# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD well held 800 PSI. Set float.

hois Drilling

Company Rep. Tom

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0007	35	MILEAGE from Eureka	467	39325
CE0711	1	minimum ton	503	660.00
NE0853	5	80 w/c	369	500.00
		Sub		3053.25
		less 47%		1435.23
				1618.22
CC5842	134	Poz Blend II-A	1976.50	
CC5965	330#	gel	9900	
CC6077	670#	Kpl seal	33500	
CC6075	134#	Phenoseal	18090	
CP8176	1	2 1/2 plug	4500	
		Sub		26364
		less 47%		1239.11
				1397.27
		SALES TAX		90.82
		ESTIMATED TOTAL		3106.35

Rev'n 5737

AUTHORIZATION _____ TITLE _____ DATE (5861.02)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Operator License #: 35122	API #: 15-205-28395-00-00
Operator: Lakeshore Operating, LLC	Lease: Bailey Farms
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-1
Phone: (844) 557-4673	Spud Date: 07/19/17 Completed: 07/24/17
Contractor License: 34036	Location: SW-NW-SW-NW of 24-30S-15E
T.D. : 1223 T.D. of Pipe: 1216	1800 Feet From North
Surface Pipe Size: 7" Depth: 42'	165 Feet From West
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
20	Soil/Sand/Gravel	0	20	9	Lime	615	624
1	Lime	20	21	3	Shale	624	627
73	White Sand	21	94	7	Lime	627	634
56	Shale	94	150	42	Shale	634	676
21	Lime	150	171	8	Lime	676	684
10	Shale	171	181	2	Shale	684	686
60	Lime	181	241	15	Lime	686	701
16	Shale	241	257	9	Shale/Black Shale	701	710
2	Lime	257	259	7	Lime	710	717
44	Shale	259	303	3	Black Shale	717	720
27	Lime	303	330	3	Shale	720	723
44	Shale	330	374	6	Lime	723	729
3	Lime	374	377	58	Shale	729	787
5	Shale	377	382	2	Lime	787	789
3	Lime	382	385	35	Shale	789	824
7	Shale	385	392	2	Coal	824	826
2	Lime	392	394	12	Shale	826	838
9	Shale	394	403	3	Coal	838	841
2	Lime	403	405	111	Shale	841	952
25	Shale	405	430	4	Lime	952	956
7	Lime	430	437	4	Shale	956	960
14	Shale	437	451	2	Black Shale	960	962
6	Lime	451	457	22	Shale	962	984
10	Shale	457	467	13	Broken Oil Sand	984	997
2	Lime	467	469	104	Sandy Shale	997	1101
2	Shale	469	471	3	Coal	1101	1104
10	Lime	471	481	13	Shale	1104	1117
134	Shale	481	615	106	Lime	1117	1223

