

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

November 2016

**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 TCores aken <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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<b>Operator License #:</b> 35122	<b>API #:</b> 15-205-28400-00-00
<b>Operator:</b> Lakeshore Operating, LLC	<b>Lease:</b> Bacon
<b>Address:</b> 23 ½ E Madison Ste A Iola, KS 66749	<b>Well #:</b> LO-17
<b>Phone:</b> (844) 557-4673	<b>Spud Date:</b> 08/21/17 <b>Completed:</b> 08/23/17
<b>Contractor License:</b> 34036	<b>Location:</b> NW-NW-SW-NE of 7-30S-16E
<b>T.D. :</b> 957 <b>T.D. of Pipe:</b> 952	3749 <b>Feet From</b> South
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 33'	2344 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Wilson

# LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil	0	2	5	Lime	683	688
6	Lime	2	8	142	Shale	688	830
4	Clay	8	12	1	Lime	830	831
65	White Sand	12	87	3	Tan/Grey Sand	831	834
4	Coal Streaks	87	91	8	Tan sand/odor	834	842
23	Shale	91	114	8	Oil Sand	842	850
6	Lime	114	120	3	Dark Sand	850	853
18	Shale	120	138	1	Coal	853	854
4	Lime	138	142	18	Shale	854	872
7	Shale	142	149	8	Broken Sand/odor	872	880
78	Lime	149	227	36	Shale	880	916
29	Shale	227	256	5	Broken Sand/odor	916	921
11	Lime	256	267	36	Shale	921	957
11	Shale	267	278				
22	Lime	278	300				
42	Shale	300	342				
16	Lime	342	358				
42	Shale	358	400				
5	Lime	400	405				
33	Shale w/lime strks	405	438				
12	Lime	438	450				
108	Shale	450	558				
37	Lime	558	595				
43	Shale	595	638				
22	Lime	638	660				
10	Shale/Black Shale	660	670				
9	Lime	670	679				
4	Shale/Black Shale	679	683				





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

Invoice Invoice# 811053

Invoice Date: 08/25/17 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

**RECEIVED**  
 SEP - 1 2017  
 BY: \_\_\_\_\_

bacon lo-17

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	50.000	7.1500	47.000	189.48
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	47.000	349.80
WE0853	80 BBL Vacuum Truck (Cement Services)	4.500	100.0000	47.000	238.50
CC5842	Poz-Blend II A (60:40)	106.000	14.7500	47.000	828.66
CC5965	Bentonite	282.000	0.3000	47.000	44.84
CC6077	Kolseal	530.000	0.5000	47.000	140.45
CC6079	PhenoSeal Formica Flakes	106.000	1.3500	47.000	75.84
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	47.000	23.85

Subtotal 5,068.70  
 Discounted Amount 2,382.29  
 SubTotal After Discount 2,686.41

Amount Due 5,205.28 If paid after 09/24/17

Tax: 72.39  
 Total: 2,758.81



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

*8864*  
*8/15/9*

TICKET NUMBER 50463  
LOCATION Ottawa  
FOREMAN Alan Made

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

**Invoice # 811053**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-17	4807	Bacon LD-17	NE 7	30	16	Wit
CUSTOMER Lake Shore						
MAILING ADDRESS 340 S Lara						
CITY Wichita		STATE KS	ZIP CODE 67211			
TRUCK #		DRIVER		TRUCK #		DRIVER
730		Alan Mad		Safety		Meet
368		Brl McD				
675		Ke Det				
804		Mik Han				

JOB TYPE heng string HOLE SIZE 5 7/8 HOLE DEPTH 957 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 952 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
DISPLACEMENT 5.55 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 106SK Poz Blend II plus 290 gel 5# seal seal 1# phenoseal per suck. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI set valve.

*Matthews, driller*

*Alan Made*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368 1500.00	
CE0002	50	MILEAGE	368 357.50	
CE0711	m.in	for miles	804 660.00	
WE0853	4 1/2	80 vac	675 450.00	
		sub	296.72	
		web 47%	1394.22	1572.72
<del>CE0450</del>	106	Poz Blend II	1563.50	
CE5965	282	gel	84.50	
CE6077	330	gel seal	265.00	
CE6075	106	phenoseal	143.10	
CE8176	1	plug 2 1/2	45.00	
		sub	2101.30	
		web 47%	987.56	1113.64
		6.7%	72.89	
		SALES TAX	72.89	
		ESTIMATED TOTAL	2758.84	
			5205.25	

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Ravin 3737

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.

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Pat Apple, Chairman  
Shari Feist Albrecht, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

December 18, 2017

Jennifer R. Smith-Beal  
Lakeshore Operating, LLC  
23 1/2 E. MADISON AVE SUITE A  
IOLA, KS 66749

Re: ACO-1  
API 15-205-28400-00-00  
BACON LO-17  
NE/4 Sec.07-30S-16E  
Wilson County, Kansas

Dear Jennifer R. Smith-Beal:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/14/2017 and the ACO-1 was received on December 18, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department