

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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Operator License #: 35122	API #: 15-205-28401-00-00
Operator: Lakeshore Operating, LLC	Lease: Bacon
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-18
Phone: (844) 557-4673	Spud Date: 08/28/17 Completed: 08/30/17
Contractor License: 34036	Location: SE-NE-SW-NE of 7-30S-16E
T.D. : 960 T.D. of Pipe: 952	3349 Feet From South
Surface Pipe Size: 7" Depth: 32'	1614 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	3	Black Shale	656	659
19	Sand/Gravel	6	25	2	Shale	659	661
10	White Sand	25	35	9	Lime	661	670
2	Coal Streaks	35	37	5	Shale/Black Shale	670	675
31	White Sand	37	68	4	Lime	675	679
2	Coal Streaks	68	70	151	Shale	679	830
53	Shale	70	123	17	Oil Sand	830	847
6	Lime	123	129	21	Shale	847	868
8	Shale	129	137	7	Broken Oil Sand	868	875
75	Lime	137	212	33	Shale	875	908
35	Sandy Shale	212	247	10	Broken Oil Sand	908	918
21	Shale	247	268	42	Shale	918	960
16	Lime	268	284				
44	Shale	284	328				
12	Lime	328	340				
69	Shale	340	409				
9	Lime	409	418				
5	Shale	418	423				
16	Lime	423	439				
107	Shale	439	546				
2	Lime	546	548				
2	Shale	548	550				
30	Lime	550	580				
2	Black Shale	580	582				
4	Lime	582	586				
44	Shale	586	630				
21	Lime	630	651				
5	Shale	651	656				

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PRESSURE PUMPING LLC

REMIT TO

QES Pressure Pumping LLC
Dept:970
P.O.Box 4346
Houston,TX 77210-4346

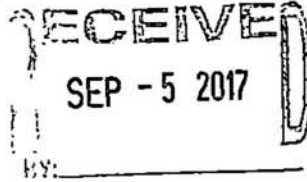
MAIN OFFICE

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

Invoice Invoice# 811152

Invoice Date: 08/31/17 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



Bacon
BARON LO-18

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	50.000	7.1500	47.000	189.48
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	47.000	349.80
CC5842	Poz-Blend II A (60:40)	100.000	14.7500	47.000	781.75
CC5965	Bentonite	272.000	0.3000	47.000	43.25
CC6077	Kolseal	500.000	0.5000	47.000	132.50
CC6079	PhenoSeal Formica Flakes	100.000	1.3500	47.000	71.55
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	47.000	23.85

Subtotal 4,504.10
Discounted Amount 2,116.93
SubTotal After Discount 2,387.17

Amount Due 4,633.23 If paid after 09/30/17

Tax: 68.44
Total: 2,455.62



PRESSURE PUMPING

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

8975/6827

TICKET NUMBER 50464
LOCATION Ottawa
FOREMAN Alan Moder

WELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 81152

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.30.17	4807	Bacon 60.18	N 7	30	16	Wilson
CUSTOMER <u>Lakeshore</u>						
MAILING ADDRESS <u>340 S Lora</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67211</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>730</u>	<u>Ala Mod</u>		
			<u>368</u>	<u>Jud Gri</u>		
			<u>713</u>	<u>Jud Gri</u>		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 960 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 _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 gpm

REMARKS: Held meeting. Established rate. Mixed + pumped 100# gel followed by 5K Poz Blend II plus 2% gel, 5# Kolseal, 1# Phenogal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Matt heis driller

Lakeshore water truck

Alan Moder

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>368</u>	<u>1500.00</u>
<u>CE0002</u>	<u>50</u>	<u>MILEAGE</u>	<u>368</u>	<u>35750.00</u>
<u>CE0711</u>	<u>1</u>	<u>Minimum ton</u>	<u>713</u>	<u>660.00</u>
		<u>sub</u>		<u>251750.00</u>
		<u>less 47%</u>		<u>118523.25</u>
				<u>133427.00</u>
<u>5807000000</u>	<u>100</u>	<u>Poz Blend II</u>		<u>147500.00</u>
<u>CL5965</u>	<u>272</u>	<u>gel</u>		<u>8160.00</u>
<u>CL6077</u>	<u>500</u>	<u>Kolseal</u>		<u>25000.00</u>
<u>CL6075</u>	<u>100</u>	<u>Phenogal</u>		<u>13500.00</u>
<u>CP8176</u>	<u>1</u>	<u>2 1/2 plug</u>		<u>4500.00</u>
		<u>sub</u>		<u>198660.00</u>
		<u>less 47%</u>		<u>93370.00</u>
				<u>105290.00</u>
		<u>615</u>		
		SALES TAX		<u>6844.00</u>
		ESTIMATED TOTAL		<u>245500.00</u>

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE (4633 23)

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.