

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

Invoice

Invoice#

811251

Invoice Date: 09/14/17

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 17 2017
 BY: _____

BACON LO-19

Tax: 67.78

Total: 2,683.28



PRESSURE PUMPING

9032 / 8924

TICKET NUMBER 50465

LOCATION Ottawa

FOREMAN Alan Maddox

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

WELL TICKET & TREATMENT REPORT
CEMENT

Invoice # 811251

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-17	4807	Bacon LD-19	NE 7	30	11a	Wilcox
CUSTOMER Lake Shore			TRUCK #			
MAILING ADDRESS 340 S. Laura			DRIVER			
CITY Wichita			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67211			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 924 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46ppm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 99 sk Poz Blend II plus 2% gel 5# Kel seal 1# Phead seal per sack. Circulated cement & flushed pump. Pumped plug to casing TD. Well held 800 RST. Set float.

Matt Heis Driller

Alan Maddox

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	467	1500.00
CE0002	50	MILEAGE	467	357.50
CE0111	1	minumup	503	1060.00
WE0853	4 1/2	80 vac	675	450.00
		sub		296.72
		less 47%		1394.23
				1572.27
3920 LL5965	99	Poz Blend II		1460.25
LL5965	270 #	gel		81.00
LL6077	495 #	Kel seal		247.50
LL6079	99 #	Phead seal		133.65
LP 8176	1	2 1/2 plug		45.00
		sub		196.74
		less 47%		92.468
				1042.22
			10.5	67.26
				2683.28
				5062.28

SCANNED

AUTHORIZATION _____ TITLE _____ DATE _____
 SALES TAX 67.26
 ESTIMATED TOTAL 2683.28
 TOTAL 5062.28

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 #: 15-205-28402-00-00
Operator: Lakeshore Operating, LLC	Lease: Bacon
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-19
Phone: (844) 557-4673	Spud Date: 9/8/17 Completed: 9/12/17
Contractor License: 34036	Location: NE-SE-SE-NE of 7-30S-16E
T.D. : 930 T.D. of Pipe: 925	3019 Feet From South
Surface Pipe Size: 7" Depth: 32'	1269 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
18	Soil/Clay	0	18	60	Shale	679	739
7	Sand/Gravel	18	25	2	Lime	739	741
44	White Sand	25	69	94	Shale	741	835
2	Coal Streaks	69	71	8	Oil Sand	835	843
37	Shale	71	108	1	Coal	843	844
19	Lime	108	127	24	Shale	844	868
8	Shale	127	135	6	Broken Oil Sand	868	874
63	Lime	135	198	56	Shale	874	930
3	Coal	198	201				
7	Lime	201	208				
53	Sandy Shale	208	261				
23	Lime	261	284				
38	Shale	284	322				
18	Lime	322	340				
69	Shale	340	409				
7	Lime	409	416				
6	Shale	416	422				
15	Lime	422	437				
110	Shale	437	547				
34	Lime	547	581				
2	Shale	581	583				
4	Lime	583	587				
39	Shale	587	626				
25	Lime	626	651				
10	Shale/Black Shale	651	661				
9	Lime	661	670				
5	Shale/Black Shale	670	675				
4	Lime	675	679				

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