

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 Recompletion Date _____ 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)</i> <i>(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

Due 10/30

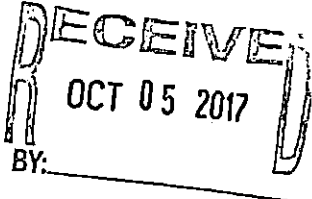
MAIN OFFICE

P.O.Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 811369

Invoice Date: 09/30/17 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 Io-20
 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
WE0853	80 BBL Vacuum Truck (Cement Services)	4.000	100.0000	47.000	212.00
CC5842	Poz-Blend II A (60:40)	103.000	14.7500	47.000	805.20
CC5965	Bentonite	277.000	0.3000	47.000	44.04
CC6077	Kolseal	515.000	0.5000	47.000	136.48
CC6079	PhenoSeal Formica Flakes	103.000	1.3500	47.000	73.70
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	47.000	23.85

Subtotal 4,961.40
 Discounted Amount 2,331.86
 SubTotal After Discount 2,629.54

Amount Due 5,094.25 If paid after 10/30/17

Tax: 70.41
 Total: 2,699.96



0151 / 90M

TICKET NUMBER 50466

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811369

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-17	4807	Bacon LD-20	NW 7	3D	16	Wilson
CUSTOMER <u>Lakechore</u>						
MAILING ADDRESS <u>340 S. LARA</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67211</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>730</u>	<u>Al Mad</u>	<u>514</u>	<u>Safety Meet</u>	
		<u>368</u>	<u>Al Mad</u>			
		<u>675</u>	<u>Kel Det</u>			
		<u>804</u>	<u>Kel Car</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 962 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 953 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5.54 bbl DISPLACEMENT PSI 800 MIX PSI 800 RATE 46 bpm

REMARKS: Hold Meeting. Established rate. Mixed to pumped 100# gel followed by 103 sk Poz Blend II A plus 2 1/2 gel 5# kel seal 1# phen seal per sack. Circulated cement & flushed pump. Pumped plug to casing TD. Well held 800 PST. Set float.

Matt Leis Driller

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1500.00
CE0002	30	MILEAGE	368	357.50
CE0711	1	minimum ton	804	660.00
WE0853	4	80 vac	675	400.00
		Sub		2917.50
		Less 47%		1371.23
				1546.27
CC3965	103	Poz Blend II A		1519.25
CC6077	277 #	gel		83.10
CC6077	515 #	Kel seal		257.50
CC6079	103 #	Pheno seal		139.05
CP8176	1	2 1/2 plug		45.00
		Sub		2043.90
		Less 47%		960.63
				1093.27
			6.5%	SALES TAX 70.41
				ESTIMATED TOTAL 2699.96

AUTHORIZATION No Rep TITLE _____ DATE (309425)

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 #: 15-205-28403-00-00
Operator: Lakeshore Operating, LLC	Lease: Bacon
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-20
Phone: (844) 557-4673	Spud Date: 09/25/17 Completed: 09/27/17
Contractor License: 34036	Location: NE-NE-SE-NW of 7-30S-16E
T.D. : 962 T.D. of Pipe: 953	3749 Feet From South
Surface Pipe Size: 7" Depth: 33'	2943 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
16	Soil/Clay	0	16	110	Shale	467	577
9	Lime	16	25	28	Lime	577	605
3	Shale	25	28	2	Shale	605	607
2	Lime	28	30	3	Lime	607	610
34	White Sand	30	64	45	Shale	610	655
2	Coal	64	66	22	Lime	655	677
38	White Sand	66	104	8	Shale/Black Shale	677	685
5	Coal	104	109	6	Lime	685	691
17	Shale	109	126	9	Shale/Black Shale	691	700
5	Lime	126	131	4	Lime	700	704
12	Shale	131	143	59	Shale	704	763
2	Lime	143	145	2	Lime	763	765
9	Shale	145	154	87	Shale	765	852
8	Lime	154	162	14	Oil Sand w/ shale	852	866
11	Shale	162	173	2	Black Shale	866	868
58	Lime	173	231	54	Shale	868	922
2	Black Shale	231	233	5	Sand, light odor	922	927
6	Lime	233	239	35	Shale	927	962
58	Shale	239	297				
17	Lime	297	314				
45	Shale	314	359				
15	Lime	359	374				
9	Shale	374	383				
9	Lime	383	392				
25	Shale	392	417				
36	Lime	417	443				
9	Shale	443	452				
15	Lime	452	467				

