KOLAR Document ID: 1415070

Confiden	tiality Requeste	d:
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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Lesstion of fluid dispessal if hould offsite.
SWD Permit #: EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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:				

KOLAR Document ID: 1415070

Operator Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	Type of Cement # Sacks		Sed Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone									
2. Does the volume of the	1. Did you perform a hydraulic fracturing treatment on this well? Image: 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, skip question 3)								
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	mingled	юр	
Shots Per Foot Perforation Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)									
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	LILLIE SNAVELY LO-5
Doc ID	1415070

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	32	PORTLAN D	9	0
Production	5.875	2.875	6.5	992	POZ BLEND II A	130	0

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CITY STATE ZIPCODE $125 \text{ With } 120 \text{ CODE}$ Wich: Hq GS 672/11 JOB TYPE $123 \text{ Shine Hole Size } 578$ Hole DEPTH 1202 CASING SIZE a WEIGHT CASING DEPTH 192 DRILL PIPE TUBING OTHER SLURRY WEIGHT SLURRY VOL WATER Galisk CEMENT LEFT IP CASING DISPLACEMENT 5176 DISPLACEMENT PSI 820 Mix PSI 200 Rate 120 PM Remarks. Held meeting Eisback 140 PM Remarks. Held meeting Eisback 140 PM 130 LK $PazK 1100 \text{ PL}$ 100 F $Self 160 \text{ PM}$ 130 LK $PazK 1100 \text{ PL}$ 100 F $Self 160 \text{ PL}$ 100 F $Self 160 \text{ PL}$ 100 F $Self 160 \text{ PL}$ 100 F 100	yes upel 22 zel
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6.5% SALES	<u>8</u> 1536 <u>14</u>
Ravin 3737 ESTIMA TOTA	2 1536 <u>14</u> x 99.85
AUTHORIZTION DATE DATE	£ 1536 14 x 99.85

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 #: 15-205-28410-00-00		
Operator: Lakeshore Operating, LLC	Lease: Lillie Snavely		
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-5		
Phone: (620) 432-1192	Spud Date: 2/7/18 Completed: 2/9/18		
Contractor License: 34036	Location: NW-NE-SE-NW of 27-30S-16E		
T.D. : 1002 T.D. of Pipe: 992	3760 Feet From South		
Surface Pipe Size: 7" Depth: 32' 9sks cmt	3176 Feet From East		
Kind of Well: Oil	County: Wilson		

LOG

Thickness	Strata	From	То	Thickness	Strata	From	То
12	Soil/Clay	0	12	10	Lime	622	632
3	Lime	12	15	13	Shale	632	645
38	Shale	15	53	3	Lime	645	648
5	Lime	53	58	43	Shale	648	691
27	Shale	58	85	2	Lime	691	693
47	Lime	85	132	97	Shale	693	790
1	Coal	132	133	20	Oil Sand	790	810
5	Lime	133	138	29	Shale	810	839
66	Shale	138	204	11	Hard Sand/Odor	839	850
24	Lime	204	228	80	Shale	850	930
11	Shale	228	239	60	Sand	930	990
21	Lime	239	260	12	Shale	990	1002
41	Shale	260	301				
4	Lime	301	305				
13	Shale	305	318				
2	Lime	318	320		T.D.		1002
51	Shale	320	371		T.D. of pipe		992
8	Lime	371	379				
125	Shale	379	504				
28	Lime	504	532				
2	Shale	532	534				
2	Lime	534	536				
2	Black Shale	536	538				
50	Shale	538	588				
26	Lime	588	614				
3	Shale	614	617				
2	Black Shale	617	619				
3	Shale	619	622				