

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)</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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PRESSURE PUMPING LLC

PO Box 884, Chanute, KS 66720
316-9210 or 800-467-8676

10024
9920

TICKET NUMBER 53891
LOCATION Off-gas
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 812440

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-9-18 1807	Lillie Snoddy LD-5	NW 27	30	16	WL
CUSTOMER NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	
Lisa Shore	3405 Laura	Wichita	KS	67311	
TRUCK #	DRIVER	TRUCK #	DRIVER		
730	Ala Mader	59	Jeff Mader		
495	Har Bee				
625	Kei Det				
804	Mik Krag				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1002 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 992 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 5.76 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.6 gpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 130-1K PozBlend II plus 2% gel 5# Kalseal, 1# Pheno gel per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Matt Lewis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	50	MILEAGE	495	357.50
CE0111	min	ten miles	804	660.00
WE 0853	4 1/2 hr	80 vac	675	450.00
		Sub		2967.50
		Leas 40%	-1187.00	1780.50
10669 CE05842	130	Poz Blend II/A		1917.50
CE5965	324#	gel		97.20
CE6077	650#	Kalseal		325.00
CE6079	130#	Pheno seal		175.50
CE8176	1	2 7/8 plug		45.00
		Sub		2560.20
		Leas 40%	-1024.08	1536.12
		6.5%		99.85
		SALES TAX		99.85
		ESTIMATED TOTAL		3416.47
		TOTAL		5699.41

Ravn 3737

AUTHORIZATION _____ TITLE _____ DATE _____

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 Snavelly
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	To	Thickness	Strata	From	To
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				

