



Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used            Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil      Bbls.	Gas      Mcf	Water	Bbls.	Gas-Oil Ratio      Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>		<b>METHOD OF COMPLETION:</b> <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-5)</i> <i>(Submit ACO-4)</i>		<b>PRODUCTION INTERVAL:</b> <div>Top</div> <div>Bottom</div>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Lakeshore Operating, LLC
Well Name	LILLIE SNAVELY LO-6
Doc ID	1415074

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	17	22	PORTLAND	9	0
Production	5.875	2.875	6.5	850	POZ BLEND IIA	97	0

**PRESSURE PUMPING LLC**  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

### CEMENT

TICKET NUMBER 53968

LOCATION Ottawa

FOREMAN Alan Made-

Invoice #812450

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-14-18	4807	Lillie Snatchy 20.6	NW 27	30	16	WL
CUSTOMER Lakeshore						
MAILING ADDRESS 340 S Lawrence						
CITY Wichita	STATE KS	ZIP CODE 67218				
JOB TYPE Lengthening	HOLE SIZE 5 7/8	HOLE DEPTH 860	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 850	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING yes			
DISPLACEMENT 4.94	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 bpm			
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 97 sls Poz Blend II A plus 2% gel, 5# Kolseal, 1# Phenoseal per 69cks. Circulated cement. Flushed pump. Pumped plug to casing TP. Well held 800 PSI set float.						

Myt heis  
Tom Gillman was on site

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[illegible]

Ravin 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.**

<b>Operator License #:</b> 35122	<b>API #:</b> 15-205-28411-00-00
<b>Operator:</b> Lakeshore Operating, LLC	<b>Lease:</b> Lillie Snavelly
<b>Address:</b> 23 ½ E Madison Ste A Iola, KS 66749	<b>Well #:</b> LO-6
<b>Phone:</b> (620) 432-1192	<b>Spud Date:</b> 2/9/18 <b>Completed:</b> 2/13/18
<b>Contractor License:</b> 34036	<b>Location:</b> NE-NE-SE-NW of 27-30S-16E
<b>T.D. :</b> 882 <b>T.D. of Pipe:</b> 875	3760 <b>Feet From</b> South
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 22'	2856 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Wilson

# LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	3	Shale	610	613
3	Lime	12	15	3	Black Shale	613	616
38	Shale	15	53	3	Shale	616	619
7	Lime	53	60	9	Lime	619	628
26	Shale	60	86	59	Shale	628	687
45	Lime	86	131	1	Lime	687	688
3	Coal/Black Shale	131	134	70	Shale	688	758
5	Lime	134	139	5	Oil Sand	758	763
65	Shale	139	204	21	Shale	763	784
20	Lime	204	224	16	Oil Sand	784	800
11	Shale	224	235	2	Dark Sand	800	802
24	Lime	235	259	1	Coal	802	803
5	Shale	259	264	29	Shale	803	832
4	Black Shale	264	268	9	Hard Sand/odor	832	841
3	Lime	268	271	41	Shale	841	882
25	Shale	271	296				
3	Lime	296	299				
15	Shale	299	314		T.D.		882
2	Lime	314	316		T.D. of pipe		875
15	Shale	316	331				
6	Lime	331	337				
30	Shale	337	367				
11	Lime	367	378				
125	Shale	378	503				
30	Lime	503	533				
2	Black Shale	533	535				
50	Shale	535	585				
25	Lime	585	610				

