

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
620-431-9210 or 800-467-8676

10093/985

TICKET NUMBER 53969

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #812509

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-16-18	4807	Dickens 20-3	NE 28	30	26	Wilson
CUSTOMER <u>lake shore</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>340 S Laung</u>			<u>730</u>	<u>Ala Mad</u>	<u>Safety</u>	<u>Meet</u>
CITY STATE ZIP CODE <u>Wichita KS 67211</u>			<u>495</u>	<u>For Ber</u>		
JOB TYPE <u>log string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>882</u>	CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>875</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>YES</u>			
DISPLACEMENT <u>5.08</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>			
REMARKS: <u>Held meeting, established rate. Mixed & pumped 100# gel followed by 110 SK 1oz blend II A plus 2% gel 5# kelseal 1# phenoseal per sack. Circulated cement, flushed pump. Pumped plug to casing FD. Well held 800 PSI Set float</u>						

Matt Heis

Driller told me he had circulation problems with the well, after the cement job

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	495	1500 ⁰⁰
LE0002	50	MILEAGE	495	3575 ⁰⁰
LE0711	min	for miles	804	660 ⁰⁰
WR0853	4	OP vac	675	400 ⁰⁰
		Sub		2917 ⁵⁰
		less 40%		1750 ⁰⁰
CL5842	15718	110 Poz Blend II A		1622 ⁵⁰
CL5965	289#	gel		86 ⁷⁰
CC6077	550#	kelseal		225 ⁰⁰
CC6079	110#	phenoseal		148 ⁵⁰
CP8170	1	2 1/2 plug		45 ⁰⁰
		Sub		2177 ⁷⁰
		less 40%		871 ⁰⁸
		6.5	SALES TAX	84 ⁹³
			ESTIMATED TOTAL	3142 ⁰⁵
				3236 ²⁵

Ravin 3737

AUTHORIZATION No rep

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 #: 15-205-28412-00-00
Operator: Lakeshore Operating, LLC	Lease: Dickens
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-3
Phone: (620) 432-1192	Spud Date: 2/14/18 Completed: 2/16/18
Contractor License: 34036	Location: SE-SW-NE-NE of 28-30S-16E
T.D. : 882 T.D. of Pipe: 875	4280 Feet From South
Surface Pipe Size: 7" Depth: 32'	895 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
19	Soil/Clay	0	19	2	Black Shale	616	618
8	Gravel	19	27	3	Shale	618	621
2	Lime	27	29	11	Lime	621	632
30	Shale	29	59	59	Shale	632	691
5	Lime	59	64	2	Lime	691	693
24	Shale	64	88	103	Shale	693	796
45	Lime	88	133	5	Oil Sand	796	801
2	Coal	133	135	8	Broken Oil Sand	801	809
6	Lime	135	141	28	Shale	809	837
68	Shale	141	209	8	Hard Sand/Bleed	837	845
24	Lime	209	233	37	Shale	845	882
13	Shale	233	246				
21	Lime	246	267				
38	Shale	267	305				
3	Lime	305	308				
29	Shale	308	337				
8	Lime/Shale Stks	337	345				
24	Shale	345	369		T.D.		882
12	Lime	369	381		T.D. of pipe		875
3	Shale	381	384				
1	Lime	384	385				
119	Shale	385	504				
26	Lime	504	530				
3	Shale	530	533				
2	Lime	533	535				
52	Shale	535	587				
26	Lime	587	613				
6	Shale	613	616				

