

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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Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Lakeshore Operating, LLC
Fuller LO-60

June 24, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
19.00	clay/shale	19.00
2.00	lime	21.00
4.00	shale	25.00
15.00	lime	40.00
159.00	shale	199.00
20.00	lime	219.00
20.00	sandy lime	239.00
26.00	shale/lime	265.00
29.00	shale	294.00
112.00	lime/churt	406.00
33.00	shale	439.00
63.00	sandy lime	502.00
4.00	lime	506.00
36.00	shale	542.00
17.00	lime	559.00
40.00	churty/lime	599.00
13.00	lime	612.00
7.00	lime/sand	619.00
11.00	shale/coal	630.00
14.00	lime	644.00
6.00	sandy lime	650.00
16.00	lime	666.00
13.00	sandy/lime	679.00
158.00	shale	837.00
3.00	lime	840.00
21.00	shale	861.00
9.00	lime	870.00
9.00	shale	879.00
40.00	sandy/lime	919.00
16.00	shale	935.00
4.00	coal	939.00
9.00	shale	948.00

3.00	lime	951.00	
28.00	lime & shale	979.00	
16.00	shale	995.00	
4.00	sandy lime	999.00	
20.00	shale/coal/sand	1,019.00	good odor/free oil
4.00	broken sand	1,023.00	good bleed
1.50	very broken sand	1,024.50	light bleed
23.50	shale	1,048.00	
0.50	lime	1,048.50	
2.50	shale	1,051.00	
1.00	lime	1,052.00	
1.00	shale	1,053.00	
2.00	broken sand	1,055.00	good bleed
2.00	sand	1,057.00	good bleed
2.50	broken sand	1,059.50	good bleed
5.50	sand	1,065.00	heavy bleed
2.00	sand	1,067.00	medium bleed
7.00	sand	1,074.00	
33.00	shale	1,107.00	TD

Drilled a 9 7/8" hole to 40'

Drilled a 5 7/8" hole to 1107'

Set 40' of 7" surface casing cemented with 12 sacks of portland cement

Ran 1100' of 2 7/8"

No seating nipple

Cemented on 6/29/18

Fuller LO-60



PPRESSURE PUMPING LLC

Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

SM-11010
PO-17186
FT-10898

TICKET NUMBER 54065
LOCATION 0749mg
FOREMAN Alvin Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813528

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-29-18	4807	Fuller LD-60	NE 33	23	16	WO.
CUSTOMER <u>Lake Shore</u>			TRUCK #			
MAILING ADDRESS <u>340 S. Laura</u>			DRIVER			
CITY <u>Wichita</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67211</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1100 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 1/4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 132 sk Poz Blend II-A plus 2% gel, 5# kal seal, 1# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI.

Jackman Drilling

Alvin Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE045D	1	PUMP CHARGE	455	1500.00
CE002	410	MILEAGE	495	286.50
CE011	min	ten miles	804	660.00
WR0853	2 1/2	80 vac	675	257.50
		sub		2696.00
		less 35%	-943.60	1752.40
CC5842	132	Poz Blend II-A		1947.00
CC5965	327	gel		9810.00
CC6077	660	kal seal		3300.00
CC6079	132	pheno seal		1782.00
CP8176	1	2 1/2 plug		450.00
		sub		2598.00
		less 35%	-909.91	1688.09
		7.5%		126.67
		SALES TAX		126.67
		ESTIMATED TOTAL		3567.91

Revin 3737

AUTHORIZATION

[Signature]

TITLE

DATE

(5/28/12)

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.