

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

SM-11132
PO-17380
ST-11019

TICKET NUMBER 54070

LOCATION Ottawa

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 93646

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-18	4807	Fuller LD-66	NE 33	23	16	W0

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
harkshere	7301	Alameda	Safety	Meat
MAILING ADDRESS	467	KeiCar		
340 S. Hanna	675	Kridet		
CITY	804	HarBec		
Wichita				
STATE				
KS				
ZIP CODE				
67211				

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 4 bpn

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 131 sk PozBlend II-A plus 2% gel 5# salt & 1# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Cement was falling back significantly.

Jackson Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	40	MILEAGE	467	286.00
LE0711	MIN	for miles	804	1660.00
WE0853	2 1/2	80 val	675	2500.00
		Sub		2696.00
		less 35%		1732.40
LL5842	131	Poz Blend II		1932.25
LL5965	325 #	gel		97.50
LL6077	655 #	biological		327.50
LL6079	131 #	Phenoseal		176.85
CP8176	1	2 1/2 plug		45.00
		Sub		2579.10
		less 35%		1676.41
			7.5	125.73
				3554.53
				(5468.53)

SCANNED
7-16 Am

Revin 3737

AUTHORIZATION *[Signature]*

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.

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

WELL LOG
Lakeshore Operating, LLC
Fuller LO-66

July 7, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
18.00	shale/clay	18.00
6.00	lime	24.00
12.00	shale	36.00
9.00	lime	45.00
150.00	shale	195.00
2.00	lime	197.00
6.00	sandy lime	203.00
16.00	lime	219.00
3.00	sandy lime	222.00
54.00	lime	276.00
19.00	shale	295.00
105.00	lime	400.00
36.00	shale/lime	436.00
42.00	chalky lime	478.00
17.00	lime	495.00
9.00	coal	504.00
16.00	lime	520.00
2.00	brown lime/shale	522.00
21.00	shale/lime streaks	543.00
37.00	lime	580.00
5.00	shale	585.00
33.00	lime	618.00
2.00	shale	620.00
50.00	sandy lime w/chert	670.00
155.00	shale	825.00
5.00	sand	830.00
10.00	sandy/shale	840.00
25.00	shale	865.00
25.00	sandy/shale	890.00
30.00	sand	920.00
20.00	sandy/lime	940.00
17.00	lime	957.00

48.00	shale	1,005.00	
3.00	sandy/shale	1,008.00	
2.00	lime w/white sand	1,010.00	
2.00	broken sand	1,012.00	with odor
1.00	broken sand	1,013.00	good odor no free oil
1.00	broken sand	1,014.00	good bleed
4.00	shale	1,018.00	
4.00	broken sand	1,022.00	good bleed
25.00	shale	1,047.00	
1.00	lime	1,048.00	
5.00	shale/sandy shale	1,053.00	
10.00	oil sand	1,063.00	heavy bleed
2.00	broken sand	1,065.00	light bleed
10.00	sandy shale	1,075.00	
32.00	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"

2 cores

No seating nipple

Cemented on 7/6/18

Fuller LO-66