

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](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 <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-11369  
PO-17748  
FT-11263

TICKET NUMBER 54075  
LOCATION Ottawa  
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice # 9387

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-14-18	4807	Rean LOT-20	NE 21	30	16	426
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Lakeshore			730	Ala Mad	Safety	Meert
MAILING ADDRESS			467	Harbec		
340 S. Laura			675	Kei Det		
CITY	STATE	ZIP CODE	804	Geo Kent		
Wichita	KS	67111				

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 922 CASING SIZE & WEIGHT 278  
 CASING DEPTH 919 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5.34 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 96 sk Poz Blend II-A plus 2% gel. 5# Kol seal, 1# Pheno seal per sack. Circulated cement. Flushed pump, pumped plus to casing TD. Well held 800 PSI for 30 minute MIT. Set float.

Matt Heis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SE 0450	1	PUMP CHARGE	467	1500.00
CE 0002	55	MILEAGE	467	39325.00
CE 0711	min	ten miles	804	660.00
WE 0853	4	90 vac	675	400.00
		sub		2953.25
		Less 3570		-1083.00
				1919.60
CL 5812	96	Poz Blend II-A	1416.00	1416.00
CL 5965	265#	gel	79.50	79.50
CL 6077	480#	Kol seal	2400.00	2400.00
CL 6079	96#	Pheno seal	129.00	129.00
CP 8176	1	2 1/2 plug	45.00	45.00
		sub		1910.00
		Less 3570		-668.54
				1241.56
		6.5	SALES TAX	80.70
			ESTIMATED TOTAL	3241.88

Ravin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE 8/14/18

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> 15-205-28436-00-00
<b>Operator:</b> Lakeshore Operating, LLC	<b>Lease:</b> Renn
<b>Address:</b> 23 ½ E Madison Ste A Iola, KS 66749	<b>Well #:</b> LO-20
<b>Phone:</b> (620) 432-1192	<b>Spud Date:</b> 8/10/18 <b>Completed:</b> 8/14/18
<b>Contractor License:</b> 34036	<b>Location:</b> SE-NW-NW-NE of 21-30S-16E
<b>T.D. :</b> 922 <b>T.D. of Pipe:</b> 919	631 <b>Feet From</b> South
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 33' <b>Cement:</b> 9SKS	2145 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Wilson

# LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	2	Black Shale	437	439
8	Gravel	15	23	3	Lime	439	442
26	Sandstone	23	49	109	Shale	442	551
2	Coal	49	51	25	Lime	551	576
4	Shale	51	55	2	Shale	576	578
2	Lime	55	57	3	Lime	578	581
51	Shale	57	108	2	Black Shale	581	583
15	Lime	108	123	24	Sandy Shale	583	607
3	Shale	123	126	22	Oil Sand	607	629
2	Lime	126	128	12	Shale	629	641
15	Shale	128	143	23	Lime	641	664
52	Lime	143	195	8	Shale/Black Shale	664	672
2	Coal	195	197	11	Lime	672	683
3	Lime	197	200	12	Shale	683	705
44	Shale	200	244	3	Lime	705	708
2	Lime	244	246	34	Shale	708	742
21	Shale	246	267	1	Lime	742	743
18	Lime	267	285	81	Shale	743	824
13	Shale	285	298	3	Oil Sand Lt Bleed	824	827
19	Lime	298	317	18	Oil Sand good bld	827	845
39	Shale	317	356	1	Dark Sand	845	846
3	Lime	356	359	34	Shale	846	880
10	Shale	359	369	9	Hard Sand	880	889
2	Lime	369	371	33	Shale	889	922
17	Shale	371	388				
3	Lime	388	391		Pipe T.D.		919
33	Shale w/lime strks	391	424		T.D.		922
13	Lime	424	437				

# STATE OF KANSAS



CORPORATION COMMISSION  
CONSERVATION DIVISION  
266 N. MAIN ST., STE. 220  
WICHITA, KS 67202-1513

PHONE: 316-337-6200  
FAX: 316-337-6211  
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

December 13, 2018

JENNIFER R PETERS  
Lakeshore Operating, LLC  
23 1/2 E. MADISON AVE SUITE A  
IOLA, KS 66749-3329

Re: ACO-1  
API 15-205-28436-00-00  
RENN LO-20  
NE/4 Sec.21-30S-16E  
Wilson County, Kansas

Dear JENNIFER R PETERS:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/10/2018 and the ACO-1 was received on December 13, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department