

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) (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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Operator License #: 35122	API #: 15-205-28455-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-22
Phone: (620) 432-1192	Spud Date: 9/19/18 Completed: 9/20/18
Contractor License: 34036	Location: SW-NW-NE-NE of 21-30S-16E
T.D. : 982 T.D. of Pipe: 974	517 Feet From North
Surface Pipe Size: 7" Depth: 33'	1212 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
26	Soil/Clay/Sand	0	26	5	Shale	663	668
17	Sandstone	26	43	15	Lime	668	683
2	Coal	43	45	55	Shale	683	738
58	Shale	45	103	2	Lime	738	740
10	Lime	103	113	81	Shale	740	821
6	Shale	113	119	19	Oil Sand	821	840
4	Lime	119	123	2	Black Sand	840	842
19	Shale	123	142	105	Shale	842	947
48	Lime	142	190	35	Sand, no odor	947	982
2	Shale	190	192				
5	Lime	192	197				
62	Shale	197	259				
18	Lime	259	277				
14	Shale	277	291				
18	Lime	291	309				
74	Shale w/lime strks	309	383				
20	Lime	383	403				
8	Shale	403	411				
22	Lime	411	433				
115	Shale	433	548				
25	Lime	548	573				
2	Shale	573	575				
3	Lime	575	578				
33	Shale	578	611				
24	Sand- no odor	611	635				
23	Lime	635	658		Pipe T.D.		974
3	Shale	658	661		T.D.		982
2	Black Shale	661	663				



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

111606
11849

TICKET NUMBER 55461
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 814200

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/21/18	4807	Reyn # LO-22	NE 21	30	16	WL
CUSTOMER Lakeshore Operating LLC						
MAILING ADDRESS 340 S. Laura						
CITY Wichita		STATE KS	ZIP CODE 67211			
TRUCK #		DRIVER		TRUCK #		DRIVER
729		Cas Ken		✓ Safety		Maeting
495		Kei Car		✓		
504		Ala Mad		✓		
675		Kei Det		✓		

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 982' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 974' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.64 lbs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety maeting, established circulation, mixed + pumped 100# Gel followed by 5 bbls fresh water, mixed + pumped 105 SFS Pozblend IIA cement w/ 2% gel, 5# Kalseal, + 1# Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.64 lbs fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	55 mi	MILEAGE	393.25	
CE0711	1/2 min	ton mileage	330.00	
WE0853	3 hrs	80 Uac	300.00	
		trucks	2523.25	
		- 35%	883.14	
		subtotal		1640.11
181166 CC5842	105 SFS	Pozblend IIA cement	1548.75	
CC5965	281 #	Gel	84.30	
CC6077	525 #	Kalseal	262.50	
CC6079	105 #	Phenoseal	141.75	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2682.30	
		- 35%	728.81	
		subtotal		1353.49
		SALES TAX 6.5%		87.98
		ESTIMATED TOTAL		3081.60
				(4740.90)

SCANNED

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.