

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 #: 15-205-28439-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-18
Phone: (620) 432-1192	Spud Date: 9/13/18 Completed: 9/17/18
Contractor License: 34036	Location: SE-NE-NW-NE of 21-30S-16E
T.D. : 997 T.D. of Pipe: 990	398 Feet From North
Surface Pipe Size: 7" Depth: 33'	1445 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
23	Soil/Clay/Gravel	0	23	5	Shale	632	637
25	Sandstone	23	48	24	Lime	637	661
2	Coal	48	50	6	Shale/Black Shale	661	667
56	Shale	50	106	3	Shale	667	670
14	Lime	106	120	7	Lime	670	677
22	Shale	120	142	4	Shale/Black Shale	677	681
50	Lime	142	192	60	Shale	681	741
2	Black Shale	192	194	2	Lime	741	743
6	Lime	194	200	81	Shale	743	826
64	Shale	200	264	15	Oil Sand-bleed	826	841
18	Lime	264	282	44	Sandy Shale	841	885
14	Shale	282	296	5	Hard Oil Sand	885	890
16	Lime	296	312	45	Shale	890	935
40	Shale	312	352	18	Oil Sand- Lt bleed	935	953
3	Lime	352	355	44	Dry Sand	953	997
31	Shale	355	386				
6	Lime	386	392				
22	Shale	392	414				
7	Lime	414	421				
5	Shale	421	426				
10	Lime	426	436				
3	Shale	436	439				
2	Lime	439	441				
109	Shale	441	550				
31	Lime	550	581				
31	Shale	581	612		Pipe T.D.		990
4	Oil Sand-bleed	612	616		T.D.		997
16	Dry Sand	616	632				



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

11608
 11494
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 55443
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

Invoice #81442

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/17/18	4807	Remn # L0-18	NE 21	30	16	WL
CUSTOMER <u>Lakeshore Operating LLC</u>						
MAILING ADDRESS <u>340 S. Laura</u>						
CITY <u>Wichita</u>	STATE <u>KS</u>	ZIP CODE <u>67211</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>729</u>	<u>CasKen</u>	<u>✓ Safety</u>	<u>Machine</u>
			<u>495</u>	<u>HarSec</u>	<u>✓</u>	
			<u>804</u>	<u>Ala Mad</u>	<u>✓</u>	
			<u>675</u>	<u>KeiCar</u>		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 997' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 990' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 5.73 bbs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbs fresh water, mixed & pumped 107 sks 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/ 5.73 bbs fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE04501	1	PUMP CHARGE	1500.00	
CE00021	55 mi.	MILEAGE	393.25	
CE07111	min	ton mileage	600.00	
WE08531	4 hrs	80 Vac	400.00	
		trucks	2953.28	
		- 35%	1033.64	
		Subtotal		1919.61
180 CC58421	107 sks	Pozblend IIA cement	1578.25	
CC59651	284 #	Gel	85.20	
CC60771	535 #	Kalseal	267.50	
CC60791	107 #	Phenoseal	144.45	
CP81761	1	2 1/2" rubber plug	45.00	
		materials	2120.40	
		- 35%	742.14	
		Subtotal		1378.26
SCANNED				
		6.5%	SALES TAX	89.59
			ESTIMATED TOTAL	3387.46

Ravin 3737
 AUTHORIZATION _____ TITLE _____ DATE (5211.48)

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.