

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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Operator License #: 35122	API #: 15-205-28440-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-21
Phone: (620) 432-1192	Spud Date: 9/11/18 Completed: 9/13/18
Contractor License: 34036	Location: NE-SE-NW-NE of 21-30S-16E
T.D.: 1002 T.D. of Pipe: 995	685 Feet From North
Surface Pipe Size: 7" Depth: 33'	1503 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	2	Lime	745	747
22	Gravel	8	30	3	Black Shale	747	750
2	Shale	30	32	84	Shale	750	834
16	Lime	32	48	12	Oil Sand	834	846
2	Coal	48	50	1	Dark Sand, odor	846	847
57	Shale	50	107	44	Shale	847	891
18	Lime	107	125	5	Hard Oil Sand	891	896
20	Shale	125	145	53	Shale	896	949
58	Lime	145	203	53	Sand, no odor	949	1002
65	Shale	203	268				
17	Lime	268	285				
13	Shale	285	298				
18	Lime	298	316				
107	Shale w/lime strks	316	423				
2	Lime	423	425				
2	Shale	425	427				
11	Lime	427	438				
117	Shale	438	555				
31	Lime	555	586				
29	Shale	586	615				
21	Sand, no odor	615	636				
7	Shale	636	643				
23	Lime	643	666				
9	Shale	666	675				
9	Lime	675	684				
3	Shale	684	687		Pipe T.D.		995
3	Black Shale	687	690		T.D.		1002
55	Shale	690	745				



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

11580
 11464

TICKET NUMBER 55467
 LOCATION OTTAWA, Ks
 FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 81420

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-18	4807	Reon #20-21	NE 21	30	16	Wilson
CUSTOMER Lakeshore Operating						
MAILING ADDRESS 340 S. Laura						
CITY Wichita		STATE Ks.	ZIP CODE 67211			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		467	Keith		Jimmy	
		804	Harold		Brad	
		675	Keith D			

JOB TYPE Logstring HOLE SIZE 5 7/8" HOLE DEPTH 1002' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" or 995" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.76 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up 2 7/8" Tubing, pumped 5 Bbls water ahead, 4 Bbl. Gel Flush followed with 5 Bbl. water spacer. Mixed 123 sks 60/40 Pozmix w/ 23 gal, 5 lb P/SK of KOI-SEAL with Phuo-SEAL or 1 lb. P/SK, shut down - wash out pump & lines - Drop Rubber Plug, displace Plug with 5 3/4 Bbls water. Signal pumping at 250 psi - Land Plug with 800 psi, wait a few minutes - Release Pressure. Float Held. Job complete with good cement returns = 6 Bbl. cement slurry to pit.

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	55	MILEAGE	7.15	393.25
CE0711	m/c	Bulk Truck charge	660.00	660.00
CC6842	123 sacks	60/40 Pozmix cement	14.75	1814.25
CC5965	211 lbs	Gel 2%	.30	63.30
CC6077	615 lbs	KOI-SEAL 5 lb. P/SK	.50	307.50
CC6079	123 lbs	Phuo SEAL 1 lb P/SK	1.35	166.05
CP8176	1	2 7/8" Top Rubber Plug	45.00	45.00
CC5965	100 lbs	Bentonite - gel Flush	.30	30.00
WE0853	4 Hrs	Water Truck	100.00	400.00

SUB TOTAL 5379.35
 less - 35% - 1882.77
 3496.58

SCANNED

SALES TAX 102.50
 ESTIMATED TOTAL 3599.08
 (5537.05)

AUTHORIZATION em. Alan M. for sign. 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.