

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

11799
11679

TICKET NUMBER 55491
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 814336

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/9/18	4807	Renn # LO-SWD-1	NE 21	30	16	WL
CUSTOMER Lakeshore Operating LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 340 S. Laura			729 / CasKen ✓ Safety Meeting			
CITY STATE ZIP CODE Wichita KS 67211			467 / KeiCar ✓			
			804 / HarBec ✓			
			675 / KeiDet ✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1203' CASING SIZE & WEIGHT 2 7/8"
CASING DEPTH 1198' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.93 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Gel followed by 5 bbls fresh water, mixed + pumped 147 stks Pozblend II cement w/ 2% gel, 5# Kalseal, + 1# Phenoseal per stk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.93 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

[Handwritten signature]

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	min	tax mileage	660.00	
WE0853	5 hrs	80 Vac	500.00	
		trucks	3053.25	
		-30%	915.98	
		Subtotal		2137.27
CC5842	147 stks	Pozblend II A cement	2168.25	
CC5965	453 #	Gel	135.90	
CC6077	735 #	Kalseal	367.50	
CC6079	147 #	Phenoseal	198.45	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2915.10	
		-30%	874.53	
		Subtotal		2040.57
		6.5%	SALES TAX	132.64
			ESTIMATED TOTAL	4310.50

SCANNED

AUTHORIZATION [Signature] TITLE _____ DATE (10/15/18)

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

Operator License #: 35122	API #: 15-205-28453-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-SWD-1
Phone: (620) 432-1192	Spud Date: 10/4/18 Completed: 10/8/18
Contractor License: 34036	Location: NW-SE-NW-NE of 21-30S-16E
T.D. : 1203 T.D. of Pipe: 1198	800 Feet From North
Surface Pipe Size: 7" Depth: 33'	1719 Feet From East
Kind of Well: SWD	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	33	Shale	711	744
15	Gravel	15	30	1	Lime	744	745
17	Sandstone	30	47	85	Shale	745	830
2	Coal	47	49	15	Oil Sand/Bleed	830	845
58	Shale	49	107	3	Black Shale	845	848
17	Lime	107	124	41	Shale	848	889
20	Shale	124	144	6	Hard Sand/Bleed	889	895
49	Lime	144	193	38	Shale	895	933
2	Coal	193	195	21	Oil Sand	933	954
5	Lime	195	200	91	Sand	954	1045
66	Shale	200	266	35	Shale	1045	1080
18	Lime	266	284	40	Lime	1080	1120
14	Shale	284	298	4	Hard Lime	1120	1124
18	Lime	298	316	6	Shaley Lime	1124	1130
73	Shale w/lime strks	316	389	26	Lime	1130	1156
49	Lime w/shale strks	389	438	7	Lime Break	1156	1163
116	Shale	438	554	40	Hard Lime	1163	1203
30	Lime	554	584				
26	Shale	584	610				
23	Dry Sand	610	633				
8	Shale	633	641				
24	Lime	641	665				
3	Shale	665	668				
2	Black Shale	668	670				
5	Shale	670	675				
12	Lime	675	687		Pipe T.D.		1198
21	Shale	687	708		T.D.		1203
3	Lime	708	711				

