KOLAR Document ID: 1447953

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
<ul><li>☐ CM (Coal Bed Methane)</li><li>☐ Cathodic</li><li>☐ Other (Core, Expl., etc.):</li></ul>	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:

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#### Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		R			New Used	on, etc.			
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I			
Purpose:		epth Ty	pe of Cement	# Sacks Used	ed Type and Percent Additives				
Protect Casi									
Plug Off Zon									
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (	,	
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom	
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze  I of Material Used)	Record	
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5213 (1200) 10.	JIEG.			. 30.0.71					

Form	ACO1 - Well Completion				
Operator	Daylight Petroleum, LLC				
Well Name	RENN LO-25				
Doc ID	1447953				

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	33	PORTLAN D	9	
Production	5.875	2.875	6.5	986	POZ BLEND IIA	105	



PO Box 884, Chanute, KS 66720

620-431-9210 or 800-467-8676

25

11759

LOCATION AT ANG MONEY

FIELD TICKET & TREATMENT REPORT CEMENT

Involut 814417

WI Chita K.S 67311  JOB TYPE LONG ISTAINS  CASING DEPTH 986  DRILL PIPE  TUBING  TUBING  WATER gallyk  CEMENT LEFT IN CASING 1/28  OTHER  SURRY WOLL  DISPLACEMENT 5.73  DISPLACEMENT PSI BDD  MIX PSI DD  RATE 49 49  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Meeting Established Nate Misse & pumped 10000  REMARKS: Help Misses & Pumped 10000  RE	DATE	CUSTOMER#	WELL NAM	ME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER Shart MAILER ADDRESS SAFET TRUCK OF DRIVER TRUCK OF TRU	10-24-18	4807	Renn Lo	- 25	NE 21	30	16	4/6
MALING ADDRESS  3 40 5 hagra  CITY  Wich to state 2pcode  Wich to state 675 ke Det 1  467 ke Det 1  8 Det 1 for Det 1  8 Det 1	CUSTOMER	hanse	• •		TRUCK #	DDIVED	TDLICK#	DOIVED
STOS SHAWG  CITY  WICH to STATE ZIPCODE  WICH to STATE XIPCODE  WATER gallow CEMENT LEFT IN CASING SIZE & WEIGHT ZIMS FUR  WATER gallow CEMENT LEFT IN CASING YES  WATER GALLOW CEMENT LEFT YES  WATE	MAILING ADDRE	ESS			730/	AlaMak	- 54 Se	4
CLY WI CHITA STATE SPECIAL STATE SPECIAL SUPPLY STATE STATE SPECIAL SURRY WEIGHT STATE STATE STATE STATE SPECIAL SURRY WEIGHT STATE	340 3	Shaure	4	•	467	Ke: Car	1	7 01100
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CASING DEPTH 986 DRILL PIPE TUBING OTHER SUURRY WEIGHT SURRY VOL BURRY WEIGHT SURRY VOL WATER GAINS CHMATE THE CASING 1 & S  RATE 45 AM	Wich	ta	KS 6	1211	804	Her Bec		
SLURRY WEIGHT  SALE SLURRY WEIGHT  RATE GASHA  R	JOB TYPE_	ngstring	HOLE SIZE 5	HOLE DE	РТН <u>995</u>	CASING SIZE & W	VEIGHT	7/8 EUE
DISPLACEMENT 5, 73 DISPLACEMENT PSI BDD MIX PSI 200 RATE 46 p.m. PRIZE 100 P	CASING DEPTH	986	DRILL PIPE	TUBING_			OTHER	
REMARKS: Help Meeting Established 1ste Missel & pumped 1000 get followed by 105 sk ferbland It so 105 se 500 se 50	SLURRY WEIGH	T 22		20	^			25
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Koliseal II Phanogeal per Scik. Circulated Cement.  Flughed pump fumed plas to Cassins TD. Well held  BOD 15 I St. St. Float Closed value:  Mast heis  Account Code Quantity or units Description of services or Product Unit Price Total  LE OHOD   St. MILEAGE 155 MILEAGE 1675 1500000  (EONE) ST. MILEAGE 1675 1600000  LEONI MILEAGE 1675 16000000000000000000000000000000000000	REMARKS:	eld Mes	eting to	tablished	Nate.	MYBR 7	pumpe	
Plughted pump Pumped plas to casing TD. Well Neld 800 1551. St. St. Float. Closed value 1  Majt heis  Account Quanity or Units Description of Services or Product Unit Price Total.  LE 0460   Pumpedange 467 1500    LE 0460   55 MILEAGE 467 39330    LE 0853   4 80 ug. 675 400    LE 0853   4 80 ug. 675 400    CC5842   05 Pozbled I. A 1548    CC5842   05 Pozbled I. A 1548    CC6645   281 th 9 cl.    CC677   525   Galaca    CC677   527   G	VIII	loved	1	SK Poz	plend It:	Apins.	290 ge	58
#### STATE   STATE   POST   Closed value    ###################################	171 1	V n.	eno seal pr	er sack.	Circula Ra	cem		. 2.4
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	AUTHORIZTION	90	_	TITLE			DATE	5170,90)

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.

Operator License #: 35122	API #: 15-205-28452-00-00			
Operator: Lakeshore Operating, LLC	Lease: Renn			
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-25			
<b>Phone:</b> (620) 432-1192	<b>Spud Date:</b> 10/22/18 <b>Completed:</b> 10/23/18			
Contractor License: 34036	Location: SE-SW-NW-NE of 21-30S-16E			
<b>T.D.</b> : 996 <b>T.D. of Pipe</b> : 987	1098 <b>Feet From</b> North			
Surface Pipe Size: 7" Depth: 33'	2242 <b>Feet From</b> East			
Kind of Well: Oil	County: Wilson			

# LOG

Thickness	Strata	From	То	Thickness	Strata	From	То
12	Soil/Clay	0	12	3	Shale	661	664
11	Gravel	12	23	11	Lime	664	675
2	Lime	23	25	58	Shale	675	733
1	Coal	25	26	2	Lime	733	735
12	Sandstone	26	38	97	Shale	735	832
1	Coal	38	39	6	Oil Sand	832	838
60	Shale	39	99	38	Shale	838	876
16	Lime	99	115	8	Hard Oil Sand	876	884
20	Shale	115	135	46	Shale	884	930
52	Lime	135	187	25	Oil Sand/Bleed	930	955
2	Black Shale	187	189	41	Shale	955	996
6	Lime	189	195				
64	Shale	195	259				
17	Lime	259	276				
15	Shale	276	291				
17	Lime	291	308				
73	Shale w/lime strks	308	381				
13	Lime	381	394				
26	Shale	394	420				
14	Lime	420	434				
111	Shale	434	545				
31	Lime	545	576				
27	Shale	576	603				
22	Dry Sand	603	625		_		
7	Shale	625	632				
23	Lime	632	655		Pipe T.D.		987
4	Shale	655	659		T.D.		996
2	Black Shale	659	661				