

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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Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Lakeshore Operating, LLC
Fuller LOI-22A

August 8, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12.00	clay/shale	12.00
20.00	shale/lime streaks	32.00
8.00	lime	40.00
20.00	clay/shale	60.00
130.00	shale	190.00
10.00	lime	200.00
10.00	sand	210.00
2.00	lime	212.00
6.00	sand	218.00
45.00	lime	263.00
30.00	shale	293.00
111.00	lime	404.00
32.00	shale/lime	436.00
54.00	chalky lime	490.00
5.00	coal	495.00
3.00	lime	498.00
22.00	red shale	520.00
19.00	black shale	539.00
100.00	lime	639.00
1.00	shale	640.00
5.00	coal	645.00
27.00	lime	672.00
33.00	shale	705.00
125.00	shale/lime streaks	830.00
4.00	coal	834.00
36.00	shale	870.00
3.00	coal	873.00
7.00	lime	880.00
5.00	shale	885.00
14.00	sandy/lime	899.00
18.00	shale	917.00
21.00	lime	938.00

46.00	shale	984.00	
6.00	lime	990.00	
22.00	shale/lime streaks	1,012.00	
2.00	lime	1,014.00	
2.00	broken sand	1,016.00	with odor
4.00	sand with oil	1,020.00	good bleed/good odor
4.00	shale	1,024.00	
1.00	sand	1,025.00	
22.00	shale	1,047.00	
3.00	lime	1,050.00	
18.00	broken sand	1,068.00	good odor & bleed
41.00	shale	1,109.00	TD

Drilled a 9 7/8" hole to 40'

Drilled a 5 7/8" hole to 1109'

Set 41' 7" of surface casing cemented with 10 sacks of portland cement

Ran 1100' of 2 7/8"

No cores

No seating nipple

Cemented 8/10/18

Fuller LOI-22A



PRESSURE PUMPING LLC

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

TICKET NUMBER 54074
LOCATION Ottawa
FOREMAN Alan Meder

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-10-18	4807	Fuller LOT. 22A	NE 33	23	16	Wa
CUSTOMER <u>Lakeshore</u>			TRUCK #			
MAILING ADDRESS <u>340 S Laura</u>			DRIVER			
CITY <u>Wichita</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67211</u>			TRUCK #			
			DRIVER			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1100 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 60% DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting, Established rate, Mixed & pumped 100 # gel followed by 130 sk Poz Blend II A plus 2% gel & 5 # Kol seal, 1 # Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float.

Jackman Drilling

Alan Meder

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	40	MILEAGE	467	286 ⁰⁰
CE0711	1/2 min	ten miles	804	330 ⁰⁰
WS2402	2 hr...	transport	505/1104	240 ⁰⁰
		sub		2356 ⁰⁰
		logs	35%	-824 ⁰⁰
				1531 ⁴⁰
CL5842	130	Poz Blend II A		1917 ⁵⁰
CL5965	324 #	gel		97 ²⁰
CL6077	650 #	Kol seal		325 ⁰⁰
CL6079	130 #	Pheno seal		175 ⁰⁰
LP 8176	1	2 1/2 plug		45 ⁰⁰
		sub		2560 ²⁰
		logs	35%	-768 ⁰⁰
				1792 ⁴⁰
			7.5%	SALES TAX
				134 ⁴⁴
				ESTIMATED TOTAL
				3457 ⁹⁰
				(5108.23)

Ravin 3737

AUTHORIZATION No Rep 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.