

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 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](mailto: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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REMIT TO  
 QES Pressure Pumping LLC  
 Dept:970  
 P.O.Box 4346  
 Houston, TX 77210-4346

MAIN OFFICE  
 P.O.Box884  
 Chanute,KS 66720  
 620/431-9210,1-800/467-8676  
 Fax 620/431-0012

Invoice

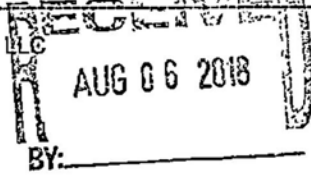
Invoice# 813765

Invoice Date: 07/31/18

Terms: Net 30

Page 1

Lakeshore Operating, LLC c/o GJ & Company, LLC  
 345 Riverview, Suite 520  
 Wichita KS 67203  
 USA  
 316-267-9211



FULLER #LOI-21

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	35.000	975.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	35.000	185.90
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	35.000	429.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.500	100.0000	35.000	162.50
CC5842	Poz-Blend II A (60:40)	140.000	14.7500	35.000	1,342.25
CC5965	Bentonite	441.000	0.3000	35.000	86.00
CC6077	Kolseal	700.000	0.5000	35.000	227.50
CC6079	PhenoSeal Formica Flakes	140.000	1.3500	35.000	122.85
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	35.000	29.25

Subtotal 5,477.30  
 Discounted Amount 1,917.06  
 SubTotal After Discount 3,560.24  
 Amount Due 5,685.90 If paid after 08/30/18

Tax: 135.59  
 Total: 3,695.84



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

JM-11239  
 PO-17529  
 FT-11128

TICKET NUMBER 54089  
 LOCATION Ottawa, KS  
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 813765

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/31/18	4807	Fuller # LOI-21	NW.33	23	16	W.O
CUSTOMER Lakeshore Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 340 S. Laura			729 /	Casey	✓ Safety Meeting	
CITY Wichita			467 /	Kei Car	✓	
STATE KS			804 /	Ralph Earls	✓	
ZIP CODE 67211			675 /	Kei Det	✓	
JOB TYPE <u>longstring</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1112'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>1105'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING			
DISPLACEMENT <u>6.40 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>			

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 140 sks Pozblend II A cement w/ 2% gel, 5 # Kalseal, & 1 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing ID w/ 6.40 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	40 mi	MILEAGE	286.00	
CE0711	min	ton mileage	660.00	
WE0853	2.5 hrs	80 Uac	250.00	
		trucks	2096.00	
		- 35%	943.60	
		Subtotal		1752.40
CC5842	140 sks	Pozblend II A cement	2065.00	
CC5965	441 #	Gel	132.30	
CC6077	700 #	Kalseal	350.00	
CC6079	140 #	Phenoseal	189.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2781.30	
		- 35%	943.46	
		Subtotal		1807.84
		7.5%	SALES TAX	135.59
			ESTIMATED TOTAL	3685.84

Revin 3737

AUTHORIZATION *[Signature]* TITLE \_\_\_\_\_ DATE (5685.90)

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.

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

WELL LOG  
Lakeshore Operating, LLC  
Fuller LOI-21

July 27, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
40.00	clay & lime	40.00
120.00	clay & shale	160.00
50.00	shale	210.00
60.00	lime	270.00
30.00	shale	300.00
40.00	lime	340.00
18.00	shale	358.00
52.00	lime	410.00
30.00	shale	440.00
50.00	lime/sand	490.00
12.00	lime	502.00
6.00	coal	508.00
9.00	lime	517.00
3.00	sandy/lime	520.00
10.00	shale	530.00
10.00	brown sand/shale	540.00
16.00	shale	556.00
2.00	lime	558.00
6.00	shale	564.00
14.00	lime/brown sand	578.00
42.00	lime	620.00
10.00	shaley/lime	630.00
5.00	coal	635.00
5.00	shale	640.00
8.00	lime	648.00
2.00	sand	650.00
10.00	shale	660.00
20.00	lime	680.00
30.00	sandy/lime	710.00
150.00	shale	860.00
20.00	lime	880.00
5.00	shale/lime	885.00

71.00	shale	956.00	
2.00	lime	958.00	
2.00	shale	960.00	
20.00	lime	980.00	
5.00	shale	985.00	
3.00	coal	988.00	
10.00	shale	998.00	
2.00	lime	1,000.00	
3.00	coal	1,003.00	
14.00	shale	1,017.00	
1.00	lime cap	1,018.00	
19.00	broken sand	1,037.00	light bleed
20.00	shale	1,057.00	
2.00	lime	1,059.00	
24.00	broken sand	1,083.00	slight bleed;good odor
29.00	shale	1,112	TD

Drilled a 9 7/8" hole to 40'

Drilled a 5 7/8" hole to 1112'

Set 40' of 7" surface casing cemented with 12 sacks of portland cement

Ran 1104' of 2 7/8"

No cores

No seating nipple

Cemented 7/31/18

Fuller LOI-21