

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) (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

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# 813760

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

RECEIVED
AUG 06 2018
BY: _____

FULLER #LOI-16

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)	3.000	100.0000	35.000	195.00
CC5842	Poz-Blend II A (60:40)	135.000	14.7500	35.000	1,294.31
CC5965	Bentonite	327.000	0.3000	35.000	63.77
CC6077	Kolseal	675.000	0.5000	35.000	219.38
CC6079	PhenoSeal Formica Flakes	135.000	1.3500	35.000	118.46
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	35.000	29.25

Subtotal 5,400.10
Discounted Amount 1,890.04
SubTotal After Discount 3,510.06

Amount Due 5,599.16 If paid after 08/30/18

Tax: 129.39
Total: 3,639.46



PRESSURE PUMPING LLC

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

SM-11233
PO-17524
FT-11123

TICKET NUMBER 54086

LOCATION Chanute, KS

FOREMAN Casa, Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813760

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7/24/18	4807	Fuller # LOT-16	NW33	23	16	WO			
CUSTOMER Lakeshore Operating									
MAILING ADDRESS 340 S. Laura									
CITY Widita		STATE KS	ZIP CODE 67211						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Caskin		Safety		Meeting	
		495		HarBoc					
		804		Josh Vanderman					
		675		Kei Car					

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 1107' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1100' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.37 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 km

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Gel followed by 5 bbls fresh water, mixed & pumped 135 stks Portland 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/ 6.37 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

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	
LE0711	min	for mileage	660.00	
WE0853	3 hrs	80 Vac	300.00	
SCANNED			trucks	2746.00
			- 35%	961.10
			Subtotal	1784.90
CC5842	135 stks	Portland II A cement	1991.25	
CC5965	327 #	Gel	98.10	
CC6077	675 #	Kalseal	337.50	
CC6079	135 #	Phenoseal	182.25	
CP8176	1	2 1/2" rubber plug	45.00	
			materials	2654.10
			- 35%	928.94
			Subtotal	1725.16
			7.5%	SALES TAX
				129.39
			ESTIMATED TOTAL	3639.46
				(5599.16)

Ravin 3737

AUTHORIZATION _____ 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.

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

WELL LOG
Lakeshore Operating, LLC
Fuller LOI-16

July 24, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
12.00	overburden	12.00	
28.00	lime	40.00	
20.00	clay & shale	60.00	
140.00	shale	200.00	
20.00	lime	220.00	
60.00	lime w/churt	280.00	
24.00	shale	304.00	
26.00	lime	330.00	
4.00	shale	334.00	
76.00	lime	410.00	
28.00	lime/shale	438.00	
7.00	chalky lime	445.00	
52.00	white lime	497.00	
3.00	coal	500.00	
11.00	shale	511.00	
4.00	lime	515.00	
25.00	shale	540.00	
11.00	lime	551.00	
4.00	coal	555.00	
5.00	sandy/lime	560.00	
83.00	lime	643.00	
2.00	coal	645.00	
30.00	lime	675.00	
188.00	shale	863.00	
7.00	lime	870.00	odor
3.00	coal	873.00	
7.00	lime	880.00	
20.00	sandy/lime	900.00	
38.00	shale	938.00	
2.00	lime	940.00	
17.00	shale	957.00	
3.00	lime	960.00	

36.00	shale	996.00	
11.00	lime	1,007.00	odor
10.00	shale	1,017.00	
1.00	lime	1,018.00	
2.00	sandy	1,020.00	light bleed;good odor
20.00	shale	1,040.00	
3.00	lime	1,043.00	
12.00	sand	1,055.00	light bleed; odor
15.00	sand	1,070.00	bleed; light odor
8.00	shale	1,078.00	
5.00	lime	1,083.00	
24.00	shale	1,107.00	TD

Drilled a 9 7/8" hole to 40'

Drilled a 5 7/8" hole to 1107'

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

Ran 1100' of 2 7/8"

No cores

No seating nipple

Will be cemented on 7/27/18

Fuller LOI-16