

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

WELL LOG  
Lakeshore Operating, LLC  
Fuller LO-65

June 29, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
40.00	shale/clay	40.00
40.00	lime	80.00
65.00	shale	145.00
2.00	lime	147.00
53.00	shale	200.00
10.00	lime	210.00
10.00	shale/lime streaks	220.00
5.00	lime/chert	225.00
13.00	lime	238.00
2.00	shale	240.00
15.00	lime white	255.00
25.00	brown lime	280.00
24.00	shale	304.00
14.00	lime	318.00
6.00	shale/lime streaks	324.00
13.00	lime	337.00
(2.00)	shale	335.00
82.00	lime	417.00
3.00	shale	420.00
25.00	sandy/lime	445.00
52.00	white/lime	497.00
43.00	shale	540.00
25.00	shale/lime/sand streaks	565.00
55.00	lime/chert streaks	620.00
10.00	shale black	630.00
10.00	sandy/lime	640.00
40.00	sandy/lime	680.00
180.00	shale black	860.00
10.00	lime	870.00
110.00	shale	980.00
17.00	lime/shale	997.00
9.00	shale/sand	1,006.00

3.00	coal	1,009.00	
1.00	lime & chert	1,010.00	
0.50	lime	1,010.50	
10.50	shale	1,021.00	
2.00	broken sand	1,023.00	good bleed
2.00	sand	1,025.00	heavy bleed
19.00	sandy shale	1,044.00	
10.00	shale	1,054.00	
11.00	oil sand	1,065.00	heavy bleed
2.00	broken sand	1,067.00	good bleed
13.00	sandy shale	1,080.00	
27.00	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 seating nipple

Cemented on 7/6/18

Fuller LO-65



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# 813602

Invoice Date: 07/12/18

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**  
 JUL 16 2018  
 BY: \_\_\_\_\_

FULLER LO - 65

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	332.000	0.3000	35.000	64.74
CC6077	Koiseal	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 5,401.60

Discounted Amount 1,890.56

SubTotal After Discount 3,511.04

Amount Due 5,600.77 If paid after 08/11/18

Tax: 129.46

Total: 3,640.50



Sm - 11085  
 PO - 17331  
 FT - 10974

TICKET NUMBER 54067  
 LOCATION Ottawa  
 FOREMAN Alan Made

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

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # **813602**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-5-18	4807	Fuller LD-65	NE 33	23	16	Wa.

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Lakeshore <b>CLOGS Company LLC</b>	730	Alan Made	Safety	Meer
MAILING ADDRESS <b>345 River View, Suite 250</b>	495	Harber		
340 S. Laura	675	Kei Det		
CITY <b>Wichita</b>	804	Eastern	Kei car	
STATE <b>KS</b>				
ZIP CODE <b>67208</b>				

JOB TYPE long string 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 6.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 135 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 Set float.

Jackman Drilling

*Alan Made*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	40	MILEAGE	495	286.00
CE0711	min	ton mileage	804	660.00
WE0853	3	80 vac	675	300.00
		Sub		2746.00
		less 35%		961.10
				1784.90
CC5842	135	Poz Blend II-A	1991.25	
CC3965	332	gel	99.00	
CC6077	675	Kol seal	337.50	
CC6079	135	Phenoseal	182.25	
CP8176	1	2 1/2 plus	45.00	
		Sub		2655.60
		less 35%		929.46
				1726.14
			7.5	SALES TAX 129.46
				ESTIMATED TOTAL 3640.50

**SCANNED**  
 7-9 AM

Revin 3737

AUTHORIZATION No Rep TITLE \_\_\_\_\_ DATE (5600 21)

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.