

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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--



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

11490
 11380

TICKET NUMBER 55436
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #814029

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/31/18	4807	Renn # LO-13	NE 21	30	16	WL
CUSTOMER <u>Lakeshore Operating</u>						
MAILING ADDRESS <u>340 S. Laura</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67211</u>			
TRUCK #	DRIVER	TRUCK #	DRIVER			
729	Casten	✓	Safety Machine			
467	Kei Car	✓				
503	Ala Mad	✓				
675	Kei Det	✓				

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1183' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 1178' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.82 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: hold safety machine, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 134 lbs Popblend II A cement w/ 2% gel, 5 # Kalseal, & 1 # Phenoseal per sk, cement to surface, flushed pump clean, primed 2 1/2" rubber plug to casing TD w/ 6.82 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	✓
CE0002	55 mi	MILEAGE	393.25	✓
CE0711	min	ton mileage	600.00	✓
WE0853	4 hrs	80 Vac	400.00	✓
		trucks	2853.25	
		- 30%	885.98	
		Subtotal		2067.27
CC5842	134 sks	Popblend II A cement	1976.50	✓
CC5965	430 #	Gel	129.00	✓
CC6077	670 #	Kalseal	335.00	✓
CC6079	134 #	Phenoseal	180.90	✓
CP8176	1	2 1/2" rubber plug	45.00	✓
		materials	2166.40	
		- 30%	799.92	
		Subtotal		18166.48
		6.5%	SALES TAX	121.32 ✓
		ESTIMATED TOTAL		4055.08 ✓
				(5792.97)

SCANNED

Rev'n 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.



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# 814029

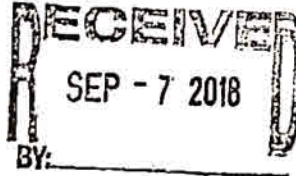
Invoice Date: 08/31/18

Terms: Net 30

Page 1

Lakeshore Operating, LLC c/o GJ & Company, LLC

345 Riverview, Suite 520
 Wichita KS 67203
 USA
 316-267-9211



RENN #LO-13

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	30.000	1,050.00
CE0002	Equipment Mileage Charge - Heavy Equipment	55.000	7.1500	30.000	275.28
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	30.000	462.00
WE0853	80 BBL Vacuum Truck (Cement Services)	4.000	100.0000	30.000	280.00
CC5842	Poz-Blend II A (60:40)	134.000	14.7500	30.000	1,383.55
CC5965	Bentonite	430.000	0.3000	30.000	90.30
CC6077	Kolseal	670.000	0.5000	30.000	234.50
CC6079	PhenoSeal Formica Flakes	134.000	1.3500	30.000	126.63
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	30.000	31.50

Subtotal 5,619.65
 Discounted Amount 1,685.90
 SubTotal After Discount 3,933.75

Amount Due 5,792.97 If paid after 09/30/18

Tax: 121.32
 Total: 4,055.08

Operator License #: 35122	API #: 15-205-28438-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-13
Phone: (620) 432-1192	Spud Date: 8/27/18 Completed: 8/31/18
Contractor License: 34036	Location: NW-NE-NW-NE of 21-30S-16E
T.D. : 1183 T.D. of Pipe: 1179	165 Feet From North
Surface Pipe Size: 7" Depth: 33' <small>Cement: 9SKS</small>	1678 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
23	Soil/Clay	0	23	21	Sandy Shale	587	608
30	Sandstone	23	53	19	Oil Sand, Odor	608	627
2	Coal	53	55	4	Sand, No Odor	627	631
4	Shale	55	59	3	Oil Sand, Odor	631	634
3	Lime	59	62	4	Sand, No Odor	634	638
49	Shale	62	111	6	Shale	638	644
15	Lime	111	126	22	Lime	644	666
22	Shale	126	148	9	Shale/Black Shale	666	675
52	Lime	148	200	8	Lime	675	683
2	Black Shale	200	202	4	Shale	683	687
3	Lime	202	205	3	Black Shale	687	690
64	Shale	205	269	18	Shale	690	708
18	Lime	269	287	2	Lime	708	710
14	Shale	287	301	36	Shale	710	746
17	Lime	301	318	2	Lime	746	748
40	Shale w/ lime strk	318	358	84	Shale	748	832
3	Lime	358	361	4	Sand/ Light Odor	832	836
12	Shale	361	373	11	Oil Sand / Odor	836	847
4	Lime	373	377	41	Shale	847	888
16	Shale	377	393	4	Hard Oil Sand	888	892
2	Lime	393	395	43	Shale	892	935
35	Shale	395	430	15	Sand / Odor	935	950
9	Lime	430	439	105	Sand	950	1055
115	Shale	439	554	25	Shale	1055	1080
24	Lime	554	578	2	Lime	1080	1082
2	Shale	578	580	8	Soft Lime/Gas Odor	1082	1090
4	Lime	580	584	93	Lime	1090	1183
3	Black Shale	584	587				