

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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PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8678

11430
11315

TICKET NUMBER 55429

LOCATION Chanute, KS

FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813955

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/22/18	4807	Reun # 60-16	NE 21	30	16	WL
CUSTOMER <u>Lakeshore Operating</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>340 S. Laura</u>			<u>729 / Cas Ken / Safety Maching</u>			
CITY STATE ZIP CODE <u>Wichita KS 67211</u>			<u>467 / Kei Car /</u>			
			<u>548 / Ala Mad /</u>			
			<u>1035 / Kei Det /</u>			
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>922'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>917'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>5.31 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>			

REMARKS: held safety machine, established circulation, mixed + pumped 100 # Gel followed by 5 bbls fresh water, mixed + pumped 100 sks Pozblend II A cement w/ 2% gel, 5 # Kalseal, + 1 # Phenoseal per sk, cement to surface, flushed piping clean, pumped 2 1/2" rubber plug to casing TD w/ 5.31 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

BTB

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	1600.00	
WE0853	4 hrs	80 Vac	400.00	
		trucks	2953.25	
		-30%	885.98	
		Subtotal		2067.27
17824 CC5842	100 sks	Pozblend II A cement	1475.00	
CC5965	272 #	Gel	81.60	
CC6077	500 #	Kalseal	250.00	
CC6079	100 #	Phenoseal	135.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1986.60	
		-30%	595.98	
		Subtotal		1390.62
		SALES TAX 6.5%		90.39
		ESTIMATED TOTAL		3548.28

SCANNED

SCANNED

Ravn 3737

AUTHORIZATION No Co Rep

TITLE

DATE

(5068.98)

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.

Operator License #: 35122	API #: 15-205-28434-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-16
Phone: (620) 432-1192	Spud Date: 8/21/18 Completed: 8/22/18
Contractor License: 34036	Location: SW-NW-NW-NE of 21-30S-16E
T.D. : 922 T.D. of Pipe: 918	495 Feet From South
Surface Pipe Size: 7" Depth: 33' <small>Cement: 9 sks</small>	2475 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	18	Oil-light odor	616	634
5	Gravel	15	20	6	Sand no bleed	634	640
18	Sandstone	20	38	21	Lime	640	661
8	Shale	38	46	9	Shale/Black Shale	661	670
2	Coal	46	48	11	Lime	670	681
4	Shale	48	52	23	Shale	681	704
2	Lime	52	54	2	Lime	704	706
52	Shale	54	106	35	Shale	706	741
14	Lime	106	120	2	Lime	741	743
3	Shale	120	123	142	Shale	743	885
1	Lime	123	124	5	Hard Oil Sand	885	890
17	Shale	124	141	32	Shale	890	922
51	Lime	141	192				
3	Black Shale	192	195				
4	Lime	195	199				
66	Shale	199	265				
18	Lime	265	283				
13	Shale	283	296				
22	Lime	296	318				
68	Shale w/lime stks	318	386				
7	Lime	386	393				
31	Shale	393	424				
9	Lime	424	433				
114	Shale	433	547				
32	Lime	547	579				
2	Black Shale	579	581		Pipe T.D.		918
27	Shale	581	608		T.D.		922
7	Oil- odor, bleed	608	616				