

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)</i> <i>(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 800-457-8676

91053 / 9574

TICKET NUMBER 53940

LOCATION Chanute KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 811001

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-8-17	4807	Renn # L0-11	NE 21	30	16	WL
CUSTOMER <u>Lakeshore Operating, LLC</u>						
MAILING ADDRESS <u>340 Soe Laura</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67201</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Maden		
			495	Har Bee		
			675	Keith Det		
			558	Ala Mad		

JOB TYPE Long string HOLE SIZE 8 7/8" HOLE DEPTH 922' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 916' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety mixing. Establish circulation, Mix Pump 100% Gel Flush, Mix & Pump 100 SKS Per Blend II A Cement 20% Gel 5# Kol Seal & Pheno Seal/sk. Cement to surface Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing 15. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.

Keith Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	50 mi	MILEAGE	495	24750.00
CE0711	Minimum	Ten Miles Delivery	558	6600.00
WE 0853	4 hrs	80 BBL Vac Truck	675	4000.00
Sub Total				29175.00
Less 40%				17505.00
CC 5842	100 SKS	Per Blend II A Cement	1475	1475.00
CC 5965	288#	Bentonite Gel	8640	8640.00
CC 6027	500#	Kol Seal	250	250.00
CC 6079	100#	Pheno Seal	135	135.00
CP 8176	1	2 1/2" Rubber Plug	45	45.00
Sub Total				19915.00
Less 40%				11949.00
			6.5%	SALES TAX 776.66
				ESTIMATED TOTAL 30235.66

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 502824

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 #: 15-205-28408-00-00
Operator: Lakeshore Operating, LLC	Lease: Renn
Address: 23 ½ E Madison Ste A Iola, KS 66749	Well #: LO-11
Phone: (620) 432-1192	Spud Date: 12/5/17 Completed: 12/7/17
Contractor License: 34036	Location: SE-SE-NW-NE of 21-30S-16E
T.D. : 922 T.D. of Pipe: 917	4280 Feet From South
Surface Pipe Size: 7" Depth: 33'	1640 Feet From East
Kind of Well: Oil	County: Wilson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
25	Soil/Clay	0	25	2	Black Shale	669	671
4	Gravel	25	29	161	Shale	671	832
5	Lime	29	34	8	Oil Sand	832	840
15	Shale	34	49	51	Shale	840	891
3	Coal	49	52	6	Hard Oil Sand	891	897
106	Shale	52	108	25	Shale	897	922
17	Lime	108	125				
21	Shale	125	146				
50	Lime	146	196				
2	Shale	196	198				
3	Lime	198	201				
67	Shale	201	268				
18	Lime	268	286				
13	Shale	286	299				
19	Lime	299	318				
38	Shale	318	356				
3	Lime	356	359		T.D.		922
31	Shale	359	390		T.D. of pipe		917
9	Lime	390	399				
21	Shale	399	420				
3	Lime	420	423				
10	Shale	423	433				
8	Lime	433	441				
114	Shale	441	555				
32	Lime	555	587				
55	Shale	587	642				
24	Lime	642	666				
3	Shale	666	669				

