



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187501
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1187501

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Ticket Number 100337
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
11-26-13		Entz Trust C # 1	9-25s-3E	Butler
Customer Range Oil Company Inc		Mailing Address P.O. Box 781775	City Wichita	State Ks. Zip 67278

Job Type:	Truck #	Driver
Surface Pipe	201	Kelly
Hole Size: 12 1/4"	202	Jerry
Hole Depth: 232' KB		Bryan
Casing Size: 8 5/8"		
Casing Weight: 24 lb.		
Displacement: 1 3/4 Bbls		
Displacement PSI: 250		
Bridge Plug:		
Tubing:		
Cement Left in Casing: 20'		
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
80	Mileage	\$3.25/Mile	790.00 260.00
120 sacks	Regular cement	14.85	1782.00
338 lbs	CACl ₂ 3%	.75	253.50
50 lbs	Flocde	2.15	107.50
80 miles	Truck # 290	1.50	120.00
5.64 Tons	Bulk Truck	1.30	586.56
	Plugs		
		Subtotal	3899.56
		Sales Tax 6.4%	137.15
		Estimated Total	4036.71

Remarks: 8 5/8" set @ 230' K.B. / Rig up to casing. Break circulation with fresh water. Mixed 120 sacks Regular cement w/ 3% CACl₂ and Flocde, Displaced cement with 1 3/4 Bbls WATER. Shut down - close casing w/ with Good cement returns.

"Thank you"

Called by Dew Cox (Summit Dets.)
 Customer Signature



CONSOLIDATED
Oil Well Services, LLC

264595

TICKET NUMBER 43787
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-015-24006-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/4/13	6942	Entz Trust C #1	9	25	3	Butler
CUSTOMER <u>Range Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>9412 E Central PO Box 781775</u>			609	Jeremy A		
CITY <u>Wichita</u>			491	Jeremy M		
STATE <u>KS</u>			692	Tracy B.		
ZIP CODE <u>67278</u>			539	Jeff S		

JOB TYPE long string B HOLE SIZE 7 7/8 HOLE DEPTH 2831 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 2824 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 19.6 SLURRY VOL 37.40 WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 68.91 DISPLACEMENT PSI 750 MIX PSI 150 RATE _____

REMARKS: Safety Meeting, brake circ, pumped 15 bbls mud flush, Pumped 25 SKS
Thick set cement 2 lb phenaseal displaced plug down with 68.9 bbls
fresh water landed at 1000 lbs pressure

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	17	MILEAGE	4.20	71.40 ✓
1126 A	1255Ks	Thickset cement	20.16	2520.00 ✓
1107 A	250 lbs	Phenaseal	1.35	337.50 ✓
5407	1	Min bulk delivery	368.00	368.00 ✓
4130	4	5 1/2 centralizers	50.50	202.00 ✓
4454	1	5 1/2 latch down Plug	266.75	266.75 ✓
4228B	1	insert float valve w/AFD 5 1/2	180.75	180.75 ✓
5502C	5 hrs	80882 V9C Truck	90.00	450.00 ✓
1103	100 lbs	Crastic Soda Mud flush	1.69	169.00 ✓
			Subtotal	5650.40 ✓
			6.4	SALES TAX ESTIMATED
				TOTAL 235.27 ✓
				5885.67 ✓

SCANNED

Revin 9797

AUTHORIZATION Ray L Reed TITLE X DATE 12-4-2013

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 I



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
ENTZ1DST1

Company Range Oil Company, Inc. Lease & Well No. Entz Trust "C" No. 1
Elevation 1381 KB Formation Mississippi Effective Pay _____ Ft. Ticket No. M587
Date 12-3-13 Sec. 9 Twp. 25S Range 3E County Butler State Kansas
Test Approved By Frank S. Mize Diamond Representative Mike Cochran

Formation Test No. 1 Interval Tested from 2,766 ft. to 2,792 ft. Total Depth 2,792 ft.
Packer Depth 2,761 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 2,766 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 2,748 ft. Recorder Number 0063 Cap. 6,000 psi.
Bottom Recorder Depth (Outside) 2,768 ft. Recorder Number E1150 Cap. 5,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Summit Drilling Company - Rig 1 Drill Collar Length 315 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 51 Weight Pipe Length _____ ft. I.D. _____ in.
Weight 9.4 Water Loss 9.2 cc. Drill Pipe Length 2,419 ft. I.D. 3 in.
Chlorides 1,000 P.P.M. Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 1 Anchor Length 26 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 3 1/2-XH in.

Blow: 1st Open: Weak, intermittent surface blow increasing to 4 ins. No blow back during shut-in.
2nd Open: Strong, 1 in. surface blow immediately increasing to 9 1/8 ins. No blow back during shut-in.

Recovered 189 ft. of gas in pipe
Recovered 63 ft. of gas & heavy oil cut mud = .309960 bbls. (Grind out: 2%-gas; 31%-oil; 67%-mud)
Recovered 63 ft. of TOTAL FLUID = .309960 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks Tool Sample Grind Out: 1%-gas; 36%-oil; 6%-water; 57%-mud

Time Set Packer(s) 12:05 P.M. Time Started off Bottom 3:05 P.M. Maximum Temperature 104°
Initial Hydrostatic Pressure.....(A) 1364 P.S.I.
Initial Flow Period.....Minutes 30 (B) 8 P.S.I. to (C) 22 P.S.I.
Initial Closed In Period.....Minutes 30 (D) 508 P.S.I.
Final Flow Period.....Minutes 60 (E) 26 P.S.I. to (F) 44 P.S.I.
Final Closed In Period.....Minutes 60 (G) 523 P.S.I.
Final Hydrostatic Pressure.....(H) 1347 P.S.I.