

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) (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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Operator	ENTRANSCO ENERGY, LLC	Well No.	2	Lease	LECK	Loc.		1/4	1/4	1/4	Sec.	27	Twp.	10	Rge.	17	
Job No.		County	WILSON	State	KS	Type/Well		Depth	875'	Hours		Date Started	3-26-18	Date Completed	3-28-18	% Rec.	
Driller	DAVE	Casing Used	21' 7"	Bit No.		Type		size	6 1/4"	From		To		Formation			
Driller		Cement Used		Bit No.		Type		size		From		To		Formation			
Driller		Rig No.		Bit No.		Type		size		From		To		Formation			
Driller		Hammer No.		Bit No.		Type		size		From		To		Formation			

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	5	OVERBURDEN	631	638	BLK SHALE	792	803	SAND			
5	10	SAND	638	651	LIME	803	813	SANDY SHALE			
10	11	LIME	651	656	BLK SHALE	813	826	SAND			
11	12	SHALE	656	657	COAL	813	813	OIL ODOR			
12	14	LIME	657	658	SHALE	826	833	SHALE			
14	63	SHALE	658	665	LIME	833	835	COAL			
63	75	SANDY SHALE	661		GAS TEST SLIGHT BLOW	835	841	SHALE			T.D. 875'
75	127	LIME	665	687	SHALE	841	863	SANDY SHALE			
127	130	BLK SHALE	687	688	COAL	863	864	COAL			
130	151	SHALE	688	702	SHALE	864	875	SAND			
151	166	SANDY SHALE	702	703	COAL	875	875	SAND			
166	199	LIME	703	709	SHALE						
199	204	SHALE	709	710	LIME						
204	285	LIME	710	712	SHALE						
285	339	SHALE	712	713	COAL						
339	370	LIME	713	716	SHALE						
370	372	SHALE	716	723	SAND						
372	376	LIME	723	725	SHALE						
376	379	SHALE	725	730	SANDY SHALE						
379	399	LIME	730	740	SHALE						
399	413	OIL ODOR	740	742	LIME						
413	450	SHALE	742	749	SHALE						
450	523	SADY SHALE	749	751	COAL						
523	542	SHALE	751	754	SHALE						
542	544	LIME	754	764	SAND						
544	544	BLK SHALE	764	765	SAND						
544	554	BLK SHALE	765	772	LIME						
554	566	SAND	772	781	SHALE						
566	588	SANDY SHALE	781	787	SAND						
588	598	SHALE	783	783	SAND						
598	631	LIME	787	792	OIL ODOR						
					SANDY SHALE						



WIRELINE SERVICES, INC.
CHANUTE, KANSAS

**GAMMA RAY
NEUTRON
COMPLETION LOG**

Company	ENTRANSCO ENERGY, LLC
Well	LECK #2
Field	COFFEYVILLE-CHERRYVALE
County	WILSON
State	KANSAS
Location:	150 FSL & 2840 FWL
API #:	15-205-28429-00-00
Other Services	
Company	ENTRANSCO ENERGY, LLC
Well	LECK #2
Field	COFFEYVILLE-CHERRYVALE
County	WILSON
State	KANSAS
Permanent Datum	GL
Log Measured From	GL
Drilling Measured From	GL
Elevation	932.83
K/B	
D.L.	932.83
Date	4-4-18
Run Number	1 NW
Depth Driller	885
Depth Logger	0
Top Log Interval	885
Bottom Logged Interval	FULL
Fluid Level	FULL
Type Fluid	WATER
Production Casing	2 7/8" @ TD
Max. Recorded Temp.	
Estimated Cement Top	
Calculated Cement Top	
Amount & Type Cement	
Amount & Type Annix	
Drilling Contractor	109
Equipment Number	
Location	SANBORN, G.
Recorded By	GILBERT, R.
Witnessed By	

<<< Fold Here >>>

All interpretations are based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

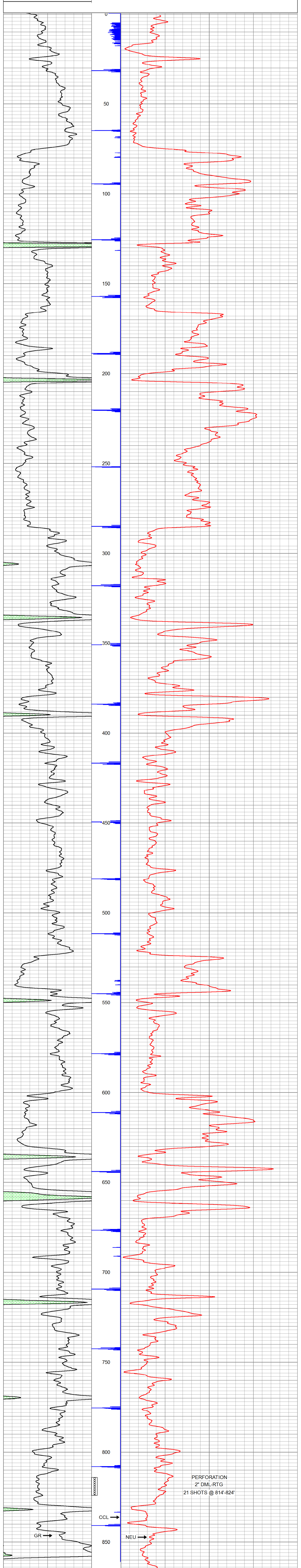
Comments

THANK YOU

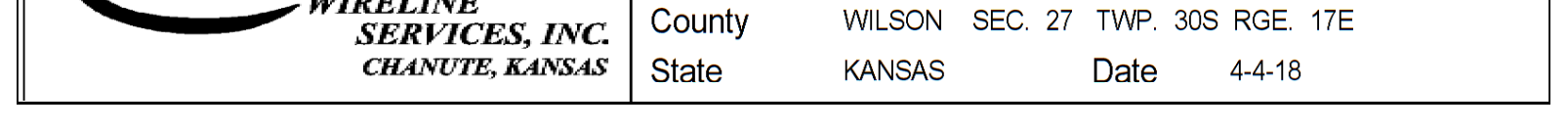
Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.59		GR-TITAN 169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN 169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN (TIT801) TITAN 1 11/16" Neutron	4.33	1.69	25.00

Dataset: LECK #2.db: field/well/run1/pass2
Total Length: 10.92 ft
Total Weight: 52.50 lb
O.D.: 1.69 in

Database File: e:\leck #2.db
Dataset Pathname: pass2
Presentation Format: gr-n-ccl
Dataset Creation: Wed Apr 04 08:15:16 2018 by Log Std Casedhole 09061
Charted by: Depth in Feet scaled 1:240



Company	ENTRANSCO ENERGY, LLC
Well	LECK #2
Field	COFFEYVILLE-CHERRYVALE
County	WILSON
State	KANSAS
Date	4-4-18





P.O. # LECK NW 2009
 API # 15-205-28429-00-00

TICKET NUMBER 53997
 LOCATION Ottawa
 FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-18	5053	Leck #2	SE 27	30	17	WL
CUSTOMER Entranco Energy, 9/10 Entranco Resources			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 550			730	AlaMad	Safety	Meet
CITY Dewey			495	Herber		
STATE OK			735/T	GeoTay		
ZIP CODE 74029						
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	6"	875	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
869.43						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
5.06	800	200	4 gpm			
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 129 sk Poz Blend II A plus 2% gel, 5% salt, 5# Kelseal, 1/2# pheno seal. Circulated cement. Flushed pump pumped plug to casing TD Well held 800 PSI. Set float. Closed valve.						

Started wait time at 4:00 PM
 Started cementing at 6:00 PM

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	70	MILEAGE from Garnett	496	500 ³⁰
CE0711	n/a	ton miles	804	660 ⁰⁰
WB2402	3 1/2	transport	735/T22	420 ⁰⁰
			545	3080 ⁵⁰
		less-35%	-1078 ¹⁸	2002 ³²
CL5842	129.5#	Poz Blend II A	1902 ⁷⁵	
cc 5965	322#	gel	96 ⁶⁰	
CL5326	255#	salt	255 ⁰⁰	
CL6077	645#	Kol seal	322 ⁵⁰	
CL6079	65#	Pheno seal	87 ²⁵	
CP8176	1	2 1/2 rubber plug	45 ⁰⁰	
		Sub	2709 ⁶⁰	
		less-35%	-948 ³⁶	1761 ²⁴
		SALES TAX		114 ⁴⁸
		ESTIMATED TOTAL		3878 ⁰⁴

Revin 3737

AUTHORIZATION *[Signature]* TITLE _____ DATE (596623)

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.

Building Materials
 Farm & Ranch Supplies
 Structural Steel Products
 Hardware & Paint
 www.cleaverfarm.com



RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.
 No refunds on Special Order non-stock items

Account due 10th of month following purchase. 1 1/2% interest per month added for an annual percentage rate of 18%.

A Division of Cleaver Farm Supply, Inc.

SOLD TO
 ENTRANSCO RESOURCES LLC
 P O BOX 550
 DEWEY, OK 74029
 918-331-6708

2103 S. SANTA FE
CHANUTE, KS 66720
(620) 431-6070

SHIP TO
 ENTRANSCO RESOURCES LLC
 P O BOX 550
 DEWEY, OK 74029
 918-331-6708

Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
102260	LECKNW2010	NET 10TH	1750459	03/15/18	NW	1297497	03/17/18
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
6	0	6	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	12.200	73.20*	
March 17, 2018 08:20:21 Nick Whitworth 1 / 1					MERCHANDISE	73.20	
***** * INVOICE * *****					SHIP VIA	OTHER	0.00
10 PAGE 1 OF 1					TAX 8.750%	6.41	
					FREIGHT	0.00	
					TOTAL	79.61	