

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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API # 15-205-28428-00-00
P.O. # LRCKNW 3010

TICKET NUMBER 54001
LOCATION Off gung
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
3-30-18	5233	heck 3	SE 27	30	17	WL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Entranco Energy % Entranco Resources			730	AlaMad	Safety	Meet
MAILING ADDRESS			493	HarBel		
P.O. Box 550			735/T221	GeoTay		
CITY	STATE	ZIP CODE	523	cas Ken		
Dewey	OK	74029				

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 870 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 868 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Well meeting. Established rate. Mixed + pumped 100 # gel followed by 119 sk Poz Blend II-A plus 2% gel, 5% salt, 5# kolseal, 1/2# phenaseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD well held 800 PSI. Set float. Closed valve.

Started waiting 4:30
Started cement 6:15

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002		MILEAGE on lease	495	
CE0711	min	ton miles	323	660 ⁰⁰
W52902	3	transport	735/T221	360 ⁰⁰
			546	2520 ⁰⁰
			less 35%	882 ⁰⁰
				1638 ⁰⁰
CC5842	119	Poz Blend II-A	1755 ²⁵	
CC5326	235 #	salt	235 ⁰⁰	
CC5965	305 #	gel	91 ⁵⁰	
CL6077	595 #	kolseal	297 ⁵⁰	
CL6079	60 #	Phenaseal	81 ⁰⁰	
CP8176	1	2 1/2 plus	45 ⁰⁰	
			sub	2505 ²⁵
			less 35%	876 ⁸¹
				1628 ⁴¹
			SALES TAX	105 ⁸⁵
			ESTIMATED TOTAL	3372 ²⁶
			DATE	5/18/18

Revin 3737

AUTHORIZATION *[Signature]*

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.

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.

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

SHIP TO

ENTRANSCO RESOURCES LLC
 P O BOX 550

SOLD TO

ENTRANSCO RESOURCES LLC
 P O BOX 550

DEWEY, OK 74029
 918-331-6708

DEWEY, OK 74029
 918-331-6708

Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS		ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
102260	LECKNW3003	NET 10TH		1750462	03/15/18	NW	1297499	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 08:21:13	Nick Whitworth	1 / 1	MERCHANDISE	73.20
SHIP VIA			OTHER	0.00
***** * INVOICE * *****			TAX 8.750%	6.41
10	PAGE 1 OF 1		FREIGHT	0.00
			TOTAL	79.61