

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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Form	ACO1 - Well Completion
Operator	Entransco Energy, LLC
Well Name	T. WIEBE 30-4
Doc ID	1459896

All Electric Logs Run

Phased Induction
Compensated Neutron Density
CBL
Gamma Ray Neutron



API#

15-015-24115-00-00

TICKET NUMBER 54353LOCATION CL BOLA, KSFOREMAN Fuzz YPRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-10-18	5033	T.W. 060 30-4	30	23	5	KS Butler
CUSTOMER Entravisco Energy LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 578			446	BRAD		
CITY Dewey			611	DJ		
STATE OKLA			725	FUZZY		
ZIP CODE 74029						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 216' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 216' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 32.6 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on C+G Data. Rig up and establish circulation pump 10 BBL water, mix 135 SKS CLASS 'A' 300cc, 250cc w/ 1/2# Poly Glue. Displace 12 1/2 BBL and shut in.

cement did circulate approx 6 BBL to pit

Thanks Fuzz Y
Krew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	20 miles	MILEAGE	715	143 ⁰⁰
CE0711	6.3 Ton	Ton mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
CC5900A	135 SKS	CLASS 'A'	20 ⁰⁰	2700 ⁰⁰
CC5325	400#	Calcium Chloride	125	500 ⁰⁰
CC5965	250#	Bentonite	130	75 ⁰⁰
CC6075	75#	Poly Glue	2 ⁰⁰	150 ⁰⁰
		subtotal		5728 ⁰⁰
		discount	3590	2004 ⁰⁰
		subtotal		3723 ⁰⁰
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Butch Curmitt

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.



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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 54355
 LOCATION EL Dorado, KS
 FOREMAN Fuzz4

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
12-13-18	5033	T. W. Wobe 30-04	30	23	5	Butler																
CUSTOMER CANTANSIO Energy LLC			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Brind</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Chance</td> <td></td> <td></td> </tr> <tr> <td>725</td> <td>Fuzz4</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Brind			611	Chance			725	Fuzz4		
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611	Chance																					
725	Fuzz4																					
MAILING ADDRESS P.O. Box 578																						
CITY Dewey	STATE OKLA	ZIP CODE 74029																				

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 2600' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 2582' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.4 SLURRY VOL 60 BBLs WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 61.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on CTG Dalg Rig up and establish circulation
Pump 5 BBL water, 5 BBL water (1SK), 5 BBL water, 10 BBL sodium metasilicate
water (2 SKs) 5 BBL water, mix 10 SKs cement in RH, mix 210 SKs
CLASS 'A' 4%⁰⁰⁰, 2%⁰⁰⁰, with 5# Kalsol/5K and 1/2 # Phenoseal/5K,
Wash pump and lines. Dip plug and displace 6 2 1/4 BBL, 1000' 1.5K
Land plug @ 1300' Floathold.

THANKS Fuzz4 & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	20 miles	MILEAGE	7 ¹³	143 ⁰⁰
CE0711		Tow mileage (min)	660 ⁰⁰	660 ⁰⁰
CC5000A	220 SKs	CLASS 'A'	20 ⁰⁰	4400 ⁰⁰
CC5325	400 #	Calcium Chloride	1 ²⁵	500 ⁰⁰
CC5965	850 #	Bentonite	.30	255 ⁰⁰
CC6077	1100 #	Kal-seal	.50	550 ⁰⁰
CC6079	120 #	Phenoseal	1 ³⁵	162 ⁰⁰
CC5970	100 #	Sodium metasilicate } flush	2 ⁵⁵	255 ⁰⁰
CC5325	50 #	Calcium Chloride }	1 ²⁵	62 ⁵⁰
CP3179	1	5 1/2" Plug	125 ⁰⁰	125 ⁰⁰
		sub total		9012 ⁵⁰
		discount		3154 ³¹
		sub total		5858 ¹⁹
		SALES TAX		
		ESTIMATED TOTAL		

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.

May 09, 2019

Ray Gilbert
Entransco Energy, LLC
PO BOX 578
DEWEY, OK 74029

Re: ACO-1
API 15-015-24113-00-00
T. WIEBE 30-4
SE/4 Sec.30-23S-05E
Butler County, Kansas

Dear Ray Gilbert:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/10/2018 and the ACO-1 was received on May 09, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

GEOLOGICAL REPORT

Entansco-Energy, LLC

T. Wiebe #30-4

E/2 SE SE Section 30-T23S-R5E

Butler County, Kansas

COMMENCED: 12-10-18
 COMPLETED: 12-13-18
 CONTRACTOR: C & G Drilling Co.
 SIZE OF HOLE: 7 7/8"
 SURFACE PIPE: 8 5/8"
 CEMENTED WITH: N/A
 LONG STRING: 5 1/2"
 CEMENTED WITH: N/A
 R.T.D.: 2600'

William M. Stout
Geologist

William M. Stout
 12-14-18

FORMATION TOPS

1472 G.L. 1478 K.B.

	Sample	Log
Kansas City	2079 -601	2077 -599
Base Kansas City	2221 -743	2218 -740
Altamont	2343 -865	2341 -863
Cherokee	2422 -944	2417 -939
Mississippi Chert	2462 -984	2462 -984
Mississippi Lime	2563 -1085	2563 -1085
Total Depth	2600 -1122	2600 -1122

SAMPLE DESCRIPTIONS

Mississippi 2462' (-984)

2462' - 2484'

Chert - white, light brown, trace amber, translucent to opaque, fair to good odor, 50% weathered with light stain, show free oil with gas bubbles, pin point and vugular porosity with fluorescence.

2485' - 2500'

Chert - white, some amber, translucent to opaque, fair to faint odor, more fresh increasing with depth, light stain, slight show free oil, few gas bubbles, scattered vugular and pin point porosity with fluorescence.

CONCLUSIONS

The decision was made to set and cement 5 1/2 inch casing to further evaluate the Mississippian.

