

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 Recompletion Date _____ 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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PRESSURE PUMPING LLC

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

TICKET NUMBER **54219**

LOCATION Eldorado, Ks.

FOREMAN Brad Butler / Fuzzy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-18	5033	T. Wiebe Inj 30-1	30	23	5	Butler
CUSTOMER			TRUCK #			
ENTRANSO Energy, LLC			446	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			667	Brad		
P.O. Box 578				Kyle		
CITY			725	Marty		
Dewey				Fuzzy		
STATE			ZIP CODE			
OK			74029			

JOB TYPE LongString HOLE SIZE 7 7/8" HOLE DEPTH 2600' CASING SIZE & WEIGHT 4 1/2" - 16 (Used)
 CASING DEPTH 2585' DRILL PIPE _____ TUBING _____ OTHER 9' Landing Joint
 SLURRY WEIGHT 13.8 to 14.0 SLURRY VOL 61 Bbls WATER gal/sk 6.35 CEMENT LEFT in CASING 0'
 DISPLACEMENT 4/ Bbls DISPLACEMENT PSI 750 MIX PSI _____ RATE 55 bpm

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, pumped 5 Bbls water ahead, 12 Bbl. Mud Flush followed with 5 Bbls water spacer. Mixed 230 SKS 65/35 pozmix cement w/ chemicals w 13.8 to 14.0 gal per SK. Shut down - washout pump tubes - Release Plug, Displace Plug with 4/ Bbls water. Signal pumping at 750 psi - Land Plug with 1200 psi. wait a few minutes - Release Pressure. Float Held - close casing in w 0 psi. We had good returns during cementing procedure. Job complete - Tear down

NOTE: Plug R.H. with 10 SKS cement
 Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0451	1	PUMP CHARGE	1,900.00	1,900.00
CE 0002	20	MILEAGE	7.15	143.00
CE 0711	m/c	Bulk Truck charge	660.00	660.00
CE 1200	1	4 1/2" Plug Container	350.00	350.00
CC 5844	240 SACKS	65/35 Pozmix Blend cement	15.50	3,720.00
CC 5326	1250 lbs	Sodium Chloride (SANT) 10% water weight	1.00	1,250.00
CC 5965	450 lbs	Gel 2%	.30	135.00
CC 6077	1200 lbs	KO1-SEAL 5/lb. per SK	.50	600.00
CC 6079	80 lbs	Pheno-SEAL 13/lb. per SK	1.35	108.00
CC 6125	500 gal	Mud Flush	.65	325.00
CP 8178	1	4 1/2" Top Rubber Plug	75.00	75.00
				9,266.00
Discount				- 3,706.40
Sub Total				5,559.60
SALES TAX				
ESTIMATED TOTAL				

AUTHORIZATION 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

TICKET NUMBER 54566

LOCATION Eldorado KS

FOREMAN Austin

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-4-18	5033	T. Wiebe Inj 30-1	30	23	5	Butler
CUSTOMER Entranco Energy LLC			TRUCK #		DRIVER	
MAILING ADDRESS P.O. Box 578			866		Austin	
CITY Dewey			446		Jude	
STATE OK			611		James	
ZIP CODE 74029						

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>221</u>	CASING SIZE & WEIGHT <u>8 5/8 - 29</u>
CASING DEPTH <u>212</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.5</u>	SLURRY VOL <u>38.9</u>	WATER gal/sk <u>6.99</u>	CEMENT LEFT in CASING <u>15'</u>
DISPLACEMENT <u>13.1</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meet in Hooked up to 8 5/8 Surface broke Circulation then pumped 5 bbl water then 150 SKS Cement the d'splaced 13.1 bbl water Shut in valve

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	20	MILEAGE	7.15	143.00
CE0711	1	min bulk delivery	660.00	660.00
CC5841	150	Surface Blend II	23.00	3450.00
CC6075	110	Poly Flake	2.00	220.00
CC6079	75	Pheno-Seal	1.35	101.25
CP8653	1	8 5/8 Basket	510.00	510.00
Subtotal			=	6584.25
Discount			35%	2304.48
total				
			SALES TAX	=
			ESTIMATED TOTAL	4279.76

Ravin 3737
 AUTHORIZATION  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.

GEOLOGICAL REPORT

Entranco Energy, LLC
Formerly
T. Wiebe Inj #30-1

Now T. Wiebe 30-2
E/2 SW NE SE Section 30-123S-R5E

Butler County, Kansas

COMMENCED: 09-3-18
COMPLETED: 09-8-18
CONTRACTOR: C & G Drilling Co.
SIZE OF HOLE: 7 7/8"
SURFACE PIPE: 8 5/8"
CEMENTED WITH: N/A
LONG STRING: 4 1/2"
CEMENTED WITH: N/A
R.T.D.: 2600'

STATUS: Injection
A.P.I. #: 15-015-24102
OPERATOR LIC.: 35018
FIELD: Hazlett
ELEVATION: 1479 K.B.
LOGS: CNT LDT MLT PIT
MUD SYSTEM: Chemical
OTHER:

William M. Stout
Geologist

William M. Stout
9-8-18

FORMATION TOPS

Formation	Sample	Log
Kansas City	2085-606	2084-605
Base Kansas City	2225-746	2424-745
Altamont	2347-868	2347-868
Cherokee	2425-946	2425-946
Conglomerate Sand	2438-959	2439-960
Mississippi Chert	2462-983	2461-982
Mississippi Lime	2570-1081	2569-1080
Total Depth	2600-1121	2600-1121

SAMPLE DESCRIPTIONS

- Kansas City 2085 (-606)**
2170' - 2174'
Limestone - light brown, fine crystalline, few fossils, some oolitic, fair intercrystalline porosity, no shows.
- Conglomerate Sand 2438 (-959)**
2438' - 2446'
Sandstone - fine to medium grain, some friable, faint odor, light stain, trace free oil when broken, trace fluorescence.
- Mississippi 2462 (-983)**
2462' - 2471'
Chert - white, light brown, amber, opaque, some weathered, with light stain, fair odor, show free oil with gas bubbles, pin point and vugular porosity with fluorescence.
- 2471' - 2484'
Chert - amber, mostly fresh, trace weathered, faint odor, light stain, very slight show free oil, trace fluorescence.
- 2484' - 2510'
Chert - white, light brown, opaque, mostly weathered, good odor, light stain, show free oil - brown, gas bubbles, fair to good vugular and pin point porosity with fluorescence.

CONCLUSIONS

This well was intended to be an injection well from the beginning. The shows in the Conglomerate Sand and the Mississippian would normally warrant further evaluation through perforations. 4 1/2" casing was set and cemented.

#15-015-24102

