



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1296799
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: _____

1296799

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Windler A-3
Lease Owner: AltaVista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
11/11/2015

Core		
		487
3	Sand	490
8	Sand	498
7	Sandy Shale	505

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. A-3

Farm Windler

KS Miami
(State) (County)

21 18 24
(Section) (Township) (Range)

For Alta Vista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Windler Farm: Miami County

KS State; Well No. A-3
934

Elevation _____
 Commenced Spuding 11-11 20 15
 Finished Drilling 11-12 20 15
 Driller's Name Wesley Dollard

Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward

Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
21 18 24

(Section) (Township) (Range)
 Distance from S line, 5115 ft.
 Distance from E line, 2970 ft.

3 sacks
1 core
9 hrs
5 5/8 borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
7 3/4" Set 21 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
486	20	seat	nipple		
518	10	Baffle			
548	40	Float			
560	TDS				2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-18	soil-clay	18	
10	Lime	28	
12	Shale	40	
33	Lime	73	
6	Shale	79	
22	Lime	101	
4	shale	105	
2	Lime	107	
4	shale	111	
6	Lime	117	Heatha
155	shale	272	
12	sand	284	no oil
41	shale	325	
4	Lime	329	
7	shale	336	
1	Lime	337	
3	shale	340	
3	Lime	343	
7	shale	350	
8	Lime	358	
14	shale	372	
3	Lime	375	
6	shale	381	
7	sand	388	no oil
26	Lime	414	
18	shale	432	
6	Lime	438	

438

Thickness of Strata	Formation	Total Depth	Remarks
48	shale	486	
1	sand	487	odor - no show - brown
18	core	505	page 6
35	shale	540	
1	lime	541	
19	shale	560	TD

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		487	
3	Sand	490	odor - no show - brown
8	Sand	498	broken - good saturation - perf
7	sandy shale	505	



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 806392

Invoice Date: 11/18/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HWY, PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

windler #a-3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	46.000	810.00
CE0002	Equipment Mileage Charge - Heavy Equipment	1.000	107.2500	46.000	57.92
CE0711	Minimum Cement Delivery Charge	0.500	660.0000	46.000	178.20
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	46.000	54.00
CC5840	Poz-Blend I A (50:50)	74.000	13.5000	46.000	539.46
CC5965	Bentonite	225.000	0.3000	46.000	36.45
CC5326	Sodium Chloride, Salt	143.000	0.7500	46.000	57.92
CC6077	Kolseal	370.000	0.5000	46.000	99.90
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 3,441.00
 Discounted Amount 1,582.86
 SubTotal After Discount 1,858.14

Amount Due 3,553.30 If paid after 12/18/15

Tax: 60.64
 Total: 1,918.79



CONSOLIDATED
Oil Well Services, LLC

4787
4701

Invoice # 806392

TICKET NUMBER 49903
LOCATION Ottawa KS
FOREMAN Fred Maden

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
11-12-15	3244	Windler # A-3	NW 21	18	24	M1
CUSTOMER Alta Vista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Maden			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Harbor			
			369 / Jim Grech			
			510 / Ala Maden			

JOB TYPE logstring HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EVE
CASING DEPTH 548.0 DRILL PIPE Baffle TUBING 5 1/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety mixing. Establish circulation. Mix + Pump 100#
Gel Flush. Mix + Pump 5ks Poz Blend I A Cement 2% Gel
5% Salt 5# Kal Seal (sk. Cement to surface. Flush pump +
lines clean. Displace 2 1/2" Rubber plug to Baffle in casing.
Pressure to 800# PSI. Release pressure to set float valve.
Shut in casing.

TOS Drilling - (wss) Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	1/2 of 30mi	MILEAGE	495	107.25
CE074	1/2 Minimum	Tax Miles Delivery	510	330.00
WE0853	1 hr	80 BBL Vac Truck	369	100.00
		Sub Total		2037.25
		Less 46%		- 937.14
				1100.11
CC5840	74SKS	Poz Blend I A Cement	979.00	72546.00
CC5965	225#	Bentonite Gel	67.50	15187.50
CC5326	143#	Sodium Chloride	107.25	15336.75
CC6077	370#	Kal Seal	185.00	68450.00
CP81768	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		140375.25
		Less 46%		- 64572.33
				75802.92
		8%	SALES TAX	6064.23
			ESTIMATED TOTAL	191877.15

AUTHORIZATION _____ TITLE _____ DATE 11-12-15
Ravin 3737

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.