



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1298038
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: _____

1298038

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 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				

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Windler-Stephens A-6
 Lease Owner: AltaVista

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

Commenced Spudding:
 11/24/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
8	Lime	20
13	Shale	33
33	Lime	66
7	Shale	73
23	Lime	96
4	Shale	100
3	Lime	103
3	Shale	106
7	Lime	113
22	Shale	135
16	Sand	151
19	Sandy Shale	170
103	Shale	273
17	Sand	290
34	Shale	324
6	Lime	330
6	Shale	336
5	Lime	341
8	Shale	349
7	Lime	356
4	Sand	360
12	Shale	372
3	Lime	375
13	Shale	388
26	Lime	414
8	Shale	422
1	Lime	423
61	Shale	484
2	Sandy Shale	486
11	Core	497
3	Sandy Shale	500
50	Shale	550
4	Sand	554
6	Shale	560-TD

Miami County, KS
Well: Windler-Stephens A-6
Lease Owner: AltaVista

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

Commenced Spudding:
11/24/2015

Core		
		486
3	Sandy Shale	489
3	Sand	492
1	Sand	493
1	Sand	494
3	Sandy Shale	497

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-6

Farm Windler-Stephens

KS Miami
 (State) (County)

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

For Altavista Energy inc
 (Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-12	soil-clay	12	
8	Lime	20	
13	Shale	33	
33	Lime	66	
7	Shale	73	
23	Lime	96	
4	Shale	100	
3	Lime	103	
3	Shale	106	
7	Lime	113	Hertha
22	Shale	135	
16	sand	151	broken - good oil show
19	sandy shale	170	
103	Shale	273	
17	sand	290	no Oil
34	Shale	324	
6	Lime	330	
6	Shale	336	
5	Lime	341	
8	Shale	349	
7	Lime	356	
4	sand	360	no Oil
12	Shale	372	
3	Lime	375	
13	shale	388	
26	Lime	414	
8	Shale	422	



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#

806496

Invoice Date: 11/30/15

Terms: Net 30

Page 1

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

windler stephens #a-6

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	30.000	7.1500	46.000	115.83
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	46.000	356.40
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	46.000	54.00
CC5840	Poz-Blend I A (50:50)	72.000	13.5000	46.000	524.88
CC5965	Bentonite	221.000	0.3000	46.000	35.80
CC5326	Sodium Chloride, Salt	139.000	0.7500	46.000	56.30
CC6077	Kolseal	360.000	0.5000	46.000	97.20
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 3,842.05
 Discounted Amount 1,767.34
 SubTotal After Discount 2,074.71

Amount Due 3,951.45 If paid after 12/30/15

Tax: 59.08
 Total: 2,133.79



CONSOLIDATED
Oil Well Services, LLC

4895
4803
Invoice # 806496

TICKET NUMBER 49911
LOCATION Ottawa KS
FOREMAN Fred Madu

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
11-25-15	3244	Windler-Stephens # A-6	NW 21	L 8	24	MI
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 125</u>			712	Frc Mad		
CITY <u>Wellsville</u>			495	Nar Bee		
STATE <u>KS</u>	ZIP CODE <u>66092</u>		675	Kel Det		
			510	Mikhea		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 548 DRILL PIPE Baffle in TUBING 2 5/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' x Plug
DISPLACEMENT 3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100# Gel
Flush. Mix & Pump 72 sks Por Blend IA 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
600# PSI. Release pressure to set float valve.

TOS Drilling. Wes Dollard

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	495	1500.00
CE 0002	30 mi	MILEAGE	495	21450.00
CE 0711	Minimum	Ton Miles Delivery	510	660.00
WE 0853	1 hr	80 BBL Vac Truck	675	100.00
		Sub Total		24745.00
		Less 46%		-11382.7
				13362.3
726 CC 5840	72 sks	Por Blend IA Cement	972.00	
CC 5965	22#	Bentonite Gel	66.30	
CC 5326	139#	Salt	104.25	
CC 6077	360#	Kal Seal	180.00	
CP 8176	1	2 1/2" Rubber Plug	45.00	
		Sub Total		1367.55
		Less 46%		-629.07
				738.48
			870	SALES TAX
				59.08
				ESTIMATED TOTAL
				2183.27

Ravin 3737

AUTHORIZATION No Co. Rep on Site

TITLE _____

DATE _____

(3951.45)

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