



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1298452
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: _____

1298452

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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Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 1.4 \times h$

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 Holtz

KS Miami
(State) (County)

16 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

Holtz Farm: Miami County

KS State; Well No. A-3

Elevation 923

Commenced Spuding 1-~~3~~6 20 16

Finished Drilling 1-11 20 16

Driller's Name Worsley 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

16 18 24

(Section) (Township) (Range)
Distance from S line, 495 ft.

Distance from E line, 4815 ft.

3 sacks 5 5/8 borehole
1 core 2 7/8 casing
9 hrs

1 hr Dozer time
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 23 6 1/4" Pulled _____
4 Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
469.	75	Seat nipple			
501.	45	Baffle			
525.	40	Float			
540	TD				2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-2	soil - clay	2	
3	Lime	5	
13	Shale	18	
34	Lime	52	
6	Shale	58	
22	Lime	80	
4	Shale	84	
2	Lime	86	
4	Shale	90	
7	Lime	97	Hertha
20	Shale	117	
14	sand	131	broken oil
49	sandy shale	180	
81	shale	261	
9	sand	270	no oil
36	shale	306	
5	Lime	311	
19	Shale	330	
6	Lime	336	
17	shale	353	
4	Lime	357	
14	shale	371	
24	Lime	395	
73	Shale	468	
5	sandy shale	473	
1	sand	474	broken oil
14	core	488	page 6

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		474	
1	sand	475	mostly solid - good saturation
17	sandy shale	492	sandy shale - no oil



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# 806823

Invoice Date: 01/13/16 Terms: Net 30 Page 1

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

holtz #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	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)	73.000	13.5000	46.000	532.17
CC5965	Bentonite	223.000	0.3000	46.000	36.13
CC5326	Sodium Chloride, Salt	141.000	0.7500	46.000	57.11
CC6077	Kolseal	365.000	0.5000	46.000	98.55
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 3,860.15
 Discounted Amount 1,775.67
 SubTotal After Discount 2,084.48

Amount Due 3,971.00 If paid after 02/12/16

Tax: 59.86
 Total: 2,144.35



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # **806823**

5131
5031

TICKET NUMBER **49959**

LOCATION **Ottawa KS**

FOREMAN **Fred Mader**

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-11-16	3244	Noltz # A-3	Sw 16	18	24	M1
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 525 DRILL PIPE 13 3/4 in TUBING @ 501 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 24' + Plug
 DISPLACEMENT 2.9 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix Pump 100# Gal
Flush. Mix & Pump 73 SKS Por Blend I.A Cement 70 Gal 5%
Salt 5# Hol 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.

TRS Drilling - Wes Ballard

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	2145.00	
CE07H	Minimum	Ten Miles Delivery	660.00	
WE0853	1 hr	80 BBL Vac Truck	100.00	
		Sub Total.	2474.50	
		Less 46%	-1138.23	1336.23
CC5840	73 SKS	Por Blend I.A Cement	985.50	
CC5965	223#	Bentonite Gel	66.20	
CC5326	141#	Salt	105.25	
CC6077	365#	Hol Seal	182.50	
CP8176	1	2 1/2" Rubber Plug	40.00	
		Sub Total	1385.65	
		Less 46%	-637.40	748.25
		6%		SALES TAX
				ESTIMATED TOTAL

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE (3971.00)

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