

1298464

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 $BPH \times PSI \times .0004$

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. AI-4

Farm Holtz

KS Miami
(State) (County)

16 186 24
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-5	soil-clay	5	
8	lime	13	
14	shale	27	
32	lime	59	
7	shale	66	
21	lime	87	
4	shale	91	
2	lime	93	
4	shale	97	
6	lime	103	Mertha
24	shale	127	
8	sand	135	slight show
31	sandy shale	166	
100	shale	266	
7	sand	273	no s.l
41	shale	314	
4	lime	318	
11	shale	329	
2	lime	331	
8	shale	339	
6	lime	345	
16	shale	361	
3	lime	364	
12	shale	376	
25	lime	401	
7	shale	408	
3	lime	411	



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# 806798

Invoice Date: 01/07/16 Terms: Net 30 Page 1

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

holtz # ai-4

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)	1.500	100.0000	46.000	81.00
CC5840	Poz-Blend I A (50:50)	68.000	13.5000	46.000	495.72
CC5965	Bentonite	214.000	0.3000	46.000	34.67
CC5326	Sodium Chloride, Salt	132.000	0.7500	46.000	53.46
CC6077	Kolseal	340.000	0.5000	46.000	91.80
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30
CC6128	Mud Flush - C	0.500	50.0000	46.000	13.50
Subtotal					3,845.70
Discounted Amount					1,769.02
SubTotal After Discount					2,076.68

Amount Due 3,951.40 If paid after 02/06/16

Tax: 57.07
 Total: 2,133.75



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

5108
59.0

TICKET NUMBER 49957
LOCATION Ottawa KS
FOREMAN Fred Mader

INVOICE # 806798

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-5-16	3244	Holtz * A I-4	6w 16	16	24	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy MAILING ADDRESS P.O. Box 128 CITY Wellsville STATE KS ZIP CODE 66092	712	Fred Mader		
	495	Harold		
	675	Ken Dot		
	510	Alta Mader		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 580 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 561 DRILL PIPE Baffle in TUBING @ 533 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Pump to Gel Mud Flush. C
& Circulate to condition hole. Mix & Pump 100* Gel Flush. Mix &
pump 68 SKS Por Blend I A Cement 2% Gel 5% Salt 5 * Kol Seal/sk.
Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
plug to casing Baffle. Pressure to 800* PSI.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0456	1	PUMP CHARGE	495	1500.00
CE0002	30 mi	MILEAGE	495	21450.00
CE0711	Minimum	Ten Miles Delivory	510	660.00
WE0853	1 1/2	RO BBL Vac Truck	675	150.00
		Sub Total		2524.50
		less 40%	-1161.27	1363.23
1438 CC 5840	68	Por Blend I A Cement	918.00	918.00
CC 5965	214	Bentonite Gel	64.20	64.20
CC 5326	132	Salt	99.00	99.00
CC 6077	340	Kol Seal	170.00	170.00
CP 8176	1	2 1/2" Rubber Plug	45.00	45.00
CC 6128	1/2 Gal	Mud Flush C	25.00	25.00
		Sub Total		1321.20
		less 46%	-607.25	713.95
		8%		57.00
		SALES TAX		57.00
		ESTIMATED TOTAL		2133.25
				3951.40

AVIN 5737
 AUTHORIZATION Bryan Miller 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.