



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1305324
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: _____

1305324

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> _____ <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 $SPM \times D$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. A-2

Farm Knoche

KS Miami
 (State) (County)

16 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

Knoche Farm: Miami County

KS State; Well No. A-2

Elevation 942

Commenced Spuding 1-22 .20 1/6

Finished Drilling 1-25 .20 1/6

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

16 18 24

(Section) (Township) (Range) Distance from S line 1500 ft.

Distance from E line 3670 ft.

3 sacks
8 hrs
5 7/8 borehole
2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 3/4" Set 23 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with columns: Feet, In., Feet, In., Feet, In. Handwritten entries include 501:80, 533.50, 557.20, 580 TD, and 2 7/8.

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil-clay	16	
18	shale	34	
9	lime	43	
12	shale	55	
34	lime	89	
5	shale	94	
21	lime	115	
5	shale	120	
2	lime	122	
4	shale	126	
6	lime	132	Hurtha
23	shale	155	
14	sand	169	odor
31	sandy shale	200	
94	shale	294	
10	sand	304	water
38	shale	342	
6	lime	348	
10	shale	358	
2	lime	360	
10	shale	370	
8	lime	378	
14	shale	392	
3	lime	395	
13	shale	408	
25	lime	433	
20	shale	453	



CONSOLIDATED
Oil Well Services, LLC

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#

806899

Invoice Date: 01/26/16

Terms: Net 30

Page 1

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

knoche # a-2

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 02/25/16

Tax: 59.08

Total: 2,133.79

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



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

FIELD TICKET & TREATMENT REPORT
CEMENT

5205
711

Invoice # 206899

TICKET NUMBER 49968

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-16	3244	Knoche # A-2	Sw 16	1E	24	MI
CUSTOMER			TRUCK #			
Alta Vista Energy Inc			712	Frc Mad		
MAILING ADDRESS			495	Hav Bee		
P.O. Box 128			675	Kei Dey		
CITY	STATE	ZIP CODE	510	Arld Mad		
Wellsville	KS	66092				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 580' CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 557' DRILL PIPE Baffle m TUBING @ 533 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 24' + Plug
 DISPLACEMENT 3.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 40PM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump 100% Gel
Flush. Mix + Pump 72SKS Por Blend I A Cement 270 Gal 5% Salt
5" Kol 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 - Wes.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	30 mi	MILEAGE	495	21450.00
CE074	M.S. minimum	Tax Miles Delivery	510	660.00
W150853	1 hr	80 BBL Vac Truck	675	100.00
		Sub Total		24745.00
		Less 46%		-11382.7
				13262.3
CC5540	72SKS	Por Blend I A Cement		972.00
CC5925	22#	Bedonite Gel		66.30
CC5826	139#	Salt		1042.50
CC6077	360#	Kol Seal		150.00
CP8176	1	2 1/2" Rubber Plug		45.00
		Sub Total		1367.55
		Less 46%		-629.07
				738.48
			SALES TAX	59.00
			ESTIMATED TOTAL	2133.29

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.