

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1305341

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

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: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR.			Producing Method:					
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	Knoche A-4
Doc ID	1305341

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	17	23	Portland	3	NA
Production	5.625	2.875	7	563	50/50 Poz	73	See Ticket

Miami County, KS
 Well: Knoche A-4
 Lease Owner: AltaVista

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

Commenced Spudding:
 1/15/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-17	Soil-Clay	17
19	Shale	36
8	Lime	44
12	Shale	56
32	Lime	88
9	Shale	97
20	Lime	117
3	Shale	120
3	Lime	123
4	Shale	127
6	Lime	133
23	Shale	156
16	Sand	172
35	Sandy Shale	207
81	Shale	288
16	Sand	304
38	Shale	342
6	Lime	348
7	Shale	355
2	Lime	357
12	Shale	369
8	Lime	377
13	Shale	390
6	Lime	396
11	Shale	407
23	Lime	430
23	Shale	453
1	Lime	454
46	Shale	500
4	Sandy Shale	504
9	Sand	513
33	Sandy Shale	546
20	Shale	566
5	Sandy Shale	571
9	Shale	580-TD

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-4

Farm Knoche

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

Farm: Miami County

State; Well No.

947

1-15, 2016

1-19, 2016

Wesley Dallard

Ryan Ward

Name _____

Name _____

7-05

16 18 24

(Township)

(Range)

5 line, 1770

ft.

F line 3362

ft.

3 sacks

8 hrs

55/8 borehole

2 7/8 casing

CASING AND TUBING RECORD

10" Pulled _____

8" Pulled _____

6 1/4" Pulled _____

4" Pulled _____

2" Pulled _____

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
0-17	Soil - clay	17	
19	Shale	36	
8	Lime	44	
12	Shale	56	
32	Lime	88	
9	Shale	97	
20	Lime	117	
3	Shale	120	
3	Lime	123	
4	Shale	127	
6	Lime	133	Heather
23	Shale	156	
16	sand	172	odor
35	sandy shale	207	
81	Shale	288	
16	sand	304	water
38	Shale	342	
6	Lime	348	
7	Shale	355	
2	Lime	357	
12	Shale	369	
8	Lime	377	
13	Shale	390	
6	Lime	396	
11	Shale	407	
23	Lime	430	
23	Shale	453	

[illegible]



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# 806855

Invoice Date: 01/20/16

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

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

knoche # a-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)	1.000	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 02/19/16

Tax: 59.86

Total: 2,144.35



CONSOLIDATED
Oil Well Services, LLC

Invoice # 806855

TICKET NUMBER **49965**

LOCATION **Ottawa KS**

FOREMAN **Fred Mader**

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
1-19-16	3244	Knoche # A-4	SW 16	18	24	ML
CUSTOMER Altavista Energy Inc.						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66092				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mader		
			495	Harvey		
			369	Mikhael		
			510	Ki Car		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 550 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 563 DRILL PIPE Baffle on TUBING @ 533 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 3.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 100% Gel
Flush. Mix & Pump 7.3 sls Poz Blend I A Cement 2% Gel 5%
Salt 5# Koi Seal/sk. Cement to surface. Flush pump & lines
Clean. Displace 2 1/2" Rubber plug to baffle in cask. Pressure
to 800* PSI. Release pressure to set float valve.

TOS Drilling - Wes.

Fred Mader

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
CE0711	Minimum	Ten Miles Delivery	510	660.00
WE0853	1 hr	80 BBL Vac Truck	369	100.00
		Sub Total		2474.50
		Less 46%		-1138.27
				1336.23
CE5840	73 SKS	Poz Blend I A Cement	985.50	
CE5965	223 #	Bentonite Gel	16.20	
CE5326	141 #	Salt	105.25	
CC-6077	365 #	Koi Seal	182.50	
CP 8176	1	2 1/2" Rubber Plug	45.00	
		Sub Total		1385.65
		Less		-637.40
				748.25
		8%	SALES TAX	59.86
			ESTIMATED TOTAL	2144.35
				3976.20

Flavin 3737

AUTHORIZATION No Co Rep on Site

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.