



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1305357
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: _____

1305357

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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Miami County, KS
 Well: Knoche AI-2
 Lease Owner: AltaVista

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

Commenced Spudding:
 1/25/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-16	Soil-Clay	16
3	Lime	19
46	Shale	65
9	Lime	74
13	Shale	87
31	Lime	118
8	Shale	126
21	Lime	147
5	Shale	152
2	Lime	154
4	Shale	158
6	Lime	164
25	Shale	189
9	Sand	198
34	Sandy Shale	232
55	Shale	287
13	Sandy Shale	300
20	Shale	320
17	Sand	337
36	Shale	373
5	Lime	378
7	Shale	385
5	Lime	390
10	Shale	400
5	Lime	405
16	Shale	421
5	Lime	426
11	Shale	437
24	Lime	461
8	Shale	469
2	Lime	471
9	Shale	480
3	Lime	483
49	Shale	532
3	Sandy Shale	535
10	Sand	545
10	Sandy Shale	555
85	Shale	640-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 $SPM \times d$

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

* 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. AI-2

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

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil - clay	16	
3	lime	19	
46	shale	65	
9	lime	74	
13	shale	87	
31	lime	118	
8	shale	126	
21	lime	147	
5	shale	152	
2	lime	154	
4	shale	158	
6	lime	164	Heating
25	shale	189	
9	sand	198	no oil
34	sandy shale	232	
55	shale	287	
13	sandy shale	300	
20	shale	320	
17	sand	337	water
36	shale	373	
5	lime	378	
7	shale	385	
5	lime	390	
10	shale	400	
5	lime	405	
16	shale	421	
5	lime	426	



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#

806907

Invoice Date: 01/29/16

Terms: Net 30

Page 1

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

knoche # ai-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)	80.000	13.5000	46.000	583.20
CC5965	Bentonite	234.000	0.3000	46.000	37.91
CC5326	Sodium Chloride, Salt	155.000	0.7500	46.000	62.78
CC6077	Kolseal	400.000	0.5000	46.000	108.00
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 4,010.95

Discounted Amount 1,845.04

SubTotal After Discount 2,165.91

Amount Due 4,133.87 If paid after 02/28/16

Tax: 66.38

Total: 2,232.30

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

5215
522



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 49976
LOCATION Ottawa KS
FOREMAN Fred Madu

INVOICE #806907

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-16	3244	Knoche # AI-2	SW 16	18	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			712	Fred Madu		
CITY			495	Har Bac		
STATE			675	Kid Det		
ZIP CODE			510	Art Mad		
Wellsville						
KS						
66092						

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 640' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 635.10 DRILL PIPE Baffle in TUBING 2 603.25 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug
 DISPLACEMENT 3.588 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold Safety meeting. Establish pump rate. Pump 1/2 Gal Mud Flush. C
+ Circulate to condition hole. Mix + Pump 100* Gal Flush.
Mix + Pump 80 sks for blend IA Cement 7% Gel 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. Hold pressure.
Release pressure to set float valve. Shut in casing.

TOS Drilling. - Wes.

Fred Madu

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	2145 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	510	600 ⁰⁰
WE0853	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
		Sub Total		2474 ⁵⁰
		Less 46%		1138 ²⁷
				1326 ²³
CC5840	80 sks	Por Blend IA Cement	1060 ⁰⁰	
CC5965	234*	Bentonite Gel	70 ³⁰	
CC5326	155*	Salt	116 ²⁵	
CC6077	400*	Kol Seal	200 ⁰⁰	
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
CC6128	1/2 Gal	Mud Flush-C	25 ⁰⁰	
		Sub Total		1536 ⁴⁵
		Less 46%		706 ²⁷
				829 ⁶⁸
			8%	SALES TAX
				ESTIMATED
				TOTAL
				2232 ³⁰
				DATE 41.3.87

7607

Ravin 3737

AUTHORIZATION

Benjamin Mills

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