



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1305358
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: _____

1305358

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
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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-3

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
0-20	soil-clay	20	
6	Shale	26	
8	Lime	34	
13	Shale	47	
32	Lime	79	
7	Shale	86	
20	Lime	106	
4	Shale	110	
2	Lime	112	
4	Shale	116	
7	Lime	123	
25	Shale	148	Heitha
7	sand	155	odor
25	sandy shale	180	
100	Shale	280	
14	sand	294	water
38	Shale	332	
6	Lime	338	
7	Shale	345	
5	Lime	350	
10	Shale	360	
6	Lime	366	
16	shale	382	
4	Lime	386	
13	Shale	399	
24	Lime	423	
18	shale	441	



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#

806869

Invoice Date: 01/25/16

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

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

knoche # ai-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)	1.500	100.0000	46.000	81.00
CC5840	Poz-Blend I A (50:50)	71.000	13.5000	46.000	517.59
CC5965	Bentonite	219.000	0.3000	46.000	35.48
CC5326	Sodium Chloride, Salt	137.000	0.7500	46.000	55.49
CC6077	Kolseal	355.000	0.5000	46.000	95.85
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 3,898.95

Discounted Amount 1,793.52

SubTotal After Discount 2,105.43

Amount Due 4,008.91 If paid after 02/24/16

Tax: 59.37

Total: 2,164.81



CONSOLIDATED
Oil Well Services, LLC

5187
5093

TICKET NUMBER 49966
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #806869

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21-16	3244	Knoche # A 1.3	SW 16	18	24	MI
CUSTOMER			TRUCK #			
Alta Vista Energy Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 128			DRIVER			
CITY		STATE	ZIP CODE			
Wellsville		KS	66092			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 571 DRILL PIPE Baffle Tubing @ 5 1/2 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' x Plug
 DISPLACEMENT 3.14 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Pump 1/2 Gal Mud Flush C
 + Circulate until to condition hole. Mix Pump 100# Gal Flush.
 Mix + Pump 71 SKS Por Blend IA Cement 2% Gel 5% Salt 5" Kal 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

TAS Drilling (wcs)

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	214.50
CE0711	Minimum	Ten Miles Delivery	510	660.00
WE0853	15 hr	BO BBL Vac Truck	369	150.00
		Sub Total		2524.50
		Less 46%		1161.27
				1363.23
CC5840	71 SKS	Por Blend IA Cement	958.50	958.50
CC5965	219#	Bentonite Gel	65.20	65.20
CC5326	137#	Salt	102.25	102.25
CC6077	355#	Kal Seal	177.50	177.50
CP8176	1	2 1/2" Rubber Plug	15.00	15.00
CC6128	1/2 Gal	Mud Flush C	25.00	25.00
		Sub Total		1394.45
		Less 46%		-632.25
				742.20
		8%	SALES TAX	59.38
			ESTIMATED TOTAL	2164.81

7545

Revin 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.

2164.81
4008.91