



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1313441
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: _____

1313441

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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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Miami County, KS
 Well: O'Brien A-40
 Lease Owner: AltaVista

Town Oilfield Service, Inc.
 (913) 294-2125

Commenced Spudding:
 6/8/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
20	Lime	35
10	Shale	45
3	Lime	48
7	Shale	55
9	Lime	64
41	Shale	105
16	Lime	121
9	Shale	130
12	Lime	142
3	Shale	145
16	Lime	161
7	Shale	168
19	Lime	187
5	Shale	192
4	Lime	196
2	Shale	198
5	Lime	203
144	Shale	347
9	Lime	356
7	Sand	363
2	Shale	365
13	Lime	378
45	Shale	423
7	Lime	430
13	Shale	443
3	Lime	446
14	Shale	460
8	Lime	468
20	Shale	488
2	Lime	490
3	Shale	493
7	Lime	500
2	Shale	502
1	Sand	503
5	Sand	508
7	Sand	515
3	Sand	518
10	Sandy Shale	528
52	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-40

Farm O'Brien

KS Miami
(State) (County)

1 18 21
(Section) (Township) (Range)

For Altavista Energy Inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

O'Brien Farm: Michigan County

KS State; Well No. A-40

Elevation 496

Commenced Spuding 6-8 20 16

Finished Drilling 6-10 20 16

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

1 18 21

(Section) (Township) (Range)

Distance from S line, 1470 ft.

Distance from E line, 1825 ft.

3 sacks

8 hrs
5 5/8 borehole

2 7/8 casing

**CASING AND TUBING
RECORD**

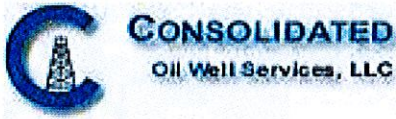
10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 20 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>499</u>		<u>Seat</u>	<u>whipple</u>		
<u>532</u>		<u>Baffle</u>			
<u>564</u>		<u>Float</u>			
<u>580 TD</u>			<u>2 7/8</u>		

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil-clay	15	
20	Lime	35	
10	Shale	45	
3	Lime	48	
7	Shale	55	
9	Lime	64	
41	Shale	105	
16	Lime	121	
9	Shale	130	
12	Lime	142	
3	Shale	145	
16	Lime	161	
7	Shale	168	
19	Lime	187	
5	Shale	192	
4	Lime	196	
2	Shale	198	
5	Lime	203	Half the
144	Shale	347	
9	Lime	356	
7	Shale	363	slight skew
2	Shale	365	365
13	Lime	378	
45	Shale	423	
7	Lime	430	
13	Shale	443	
3	Lime	446	

446			
Thickness of Strata	Formation	Total Depth	Remarks
14	Shale	460	
8	Lime	468	
20	Shale	488	
2	Lime	490	
3	Shale	493	
7	Lime	500	
2	Shale	502	
1	Sand	503	no oil
5	Sand	508	broken oil - good saturation
7	Sand	515	solid - good saturation
3	Sand	518	broken - good saturation
10	Sandy Shale	528	
52	Shale	580	TD



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# 807790

Invoice Date: 06/16/16 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

obrian #a-40

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	62.000	570.00
CE0002	Equipment Mileage Charge - Heavy Equipment	20.000	7.1500	62.000	54.34
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	62.000	250.80
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	62.000	38.00
CC5840	Poz-Blend I A (50:50)	75.000	13.5000	62.000	384.75
CC5965	Bentonite	226.000	0.3000	62.000	25.76
CC5326	Sodium Chloride, Salt	158.000	1.0000	62.000	60.04
CC6077	Kolseal	375.000	0.5000	62.000	71.25
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	62.000	17.10

Subtotal 3,873.80

Discounted Amount 2,401.76

SubTotal After Discount 1,472.04

Amount Due 3,991.46 If paid after 07/16/16

Tax: 44.71

Total: 1,516.75



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 50049
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

Invoice #807790

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/10/16	3244	O'Brian # A-40	SE 1	18	21	MI
CUSTOMER <u>Atavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			<u>368 Ala Mac ✓ Safety Meeting</u>			
CITY <u>Wellsville</u>			<u>558 Carter ✓</u>			
STATE <u>KS</u>		ZIP CODE <u>66092</u>		<u>369 Arl Mac ✓</u>		

JOB TYPE log string HOLE SIZE 5 5/8" HOLE DEPTH 580' CASING SIZE & WEIGHT 2 1/8" EUE
 CASING DEPTH 564' DRILL PIPE _____ TUBING baffle - 532' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 3.08 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 gpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # gel followed by 5 bbls fresh water, mixed + pumped 75 slcs Pozblend 1A cement w/ 2% gel, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.08 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

PK9

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	20 mi	MILEAGE	143.00	
CE0711	min	ten mileage	600.00	
WE0853	1 hr	80 Vac	100.00	
		trucks	2403.00	
		-62%	1489.86	
		subtotal		913.14
CC5840	75 slcs	Pozblend 1A cement	1012.50	
CC5965	226 #	Gel	107.80	
CC5306	158 #	Salt	158.00	
CC6077	375 #	Kolseal .50	187.50	
CP8176	1	2 1/2" rubber plug	45.08	
		materials	1470.82	
		-62%	911.90	
		subtotal		558.90
		8%		44.71
		SALES TAX		44.71

Revln 3737

AUTHORIZATION No Co Rep TITLE _____ DATE 6/10/16
 ESTIMATED TOTAL 1516.75
 TOTAL (1399.14)

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.