

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1349327
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
-----------------------------------	-----------------	---

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: _____

1349327

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
--	---

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

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. A-32

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
0-9	soil-clay	9	
6	Lime	15	
13	shale	28	
33	Lime	61	
6	shale	67	
21	Lime	88	
4	Shale	92	
2	Lime	94	
4	Shale	98	
5	Lime	103	Hertha
23	Shale	126	
12	sand	138	broken - good oil show
125	shale	263	
6	sandy lime	269	white
42	shale	311	296- redbed
5	Lime	316	
7	shale	323	
6	Lime	329	
6	shale	335	
10	Lime	345	
16	shale	361	
3	Lime	364	
10	shale	374	
23	Lime	397	
8	shale	405	
3	Lime	408	
64	shale	472	



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# 809694

Invoice Date: 02/28/17 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

knoche #a-32

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	45.000	117.98
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	45.000	110.00
CC5840	Poz-Blend I A (50:50)	50.000	13.5000	45.000	371.25
CC5965	Bentonite	252.000	0.3000	45.000	41.58
Subtotal					3,325.10
Discounted Amount					1,496.30
SubTotal After Discount					1,828.80
Amount Due 3,385.15 If paid after 03/30/17					
Tax:					33.02
Total:					1,861.83



CONSOLIDATED
Oil Well Services, LLC

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

7643
7542

TICKET NUMBER 50418

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 809694

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-27-17	3244	Knocke # A-32	NW 16	E 8	R 24	MI
CUSTOMER Altavista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			712	Fred Maden		
CITY Wellsville			495	Harbec		
STATE KS			675	Ki Det		
ZIP CODE 66082			548	Ki Car		

JOB TYPE <u>Plug</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>480</u>	CASING SIZE & WEIGHT <u>N/A</u>
CASING DEPTH <u>N/A</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in ^{hole} CASING <u>Full</u>
DISPLACEMENT <u>N/A</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 @ P/M</u>

REMARKS: Hold Safety meeting. Rig ran drill pipe to TO. (480') Spat 10 SKS
Cement @ TO. Pull drill pipe to 250'. Fill to surface w/
cement. Pull remaining drill pipe. Top off well w/ Cement.
Wash out drill pipe.

ToS Drilling - Wesley Dillard.

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
CE0711	Minimum	Ten Miles Delivery	548	660.00
WE0853	2 hrs	80 OBL Vac Truck	675	200.00
		Sub Total		25740.00
		Less 45%		14157.00
11570 CC5840	50 SKS	Poz Blend IA Cement	675.00	33750.00
CC5965	252 #	Bentonite Gel	75.60	19151.12
		Sub Total		750.60
		Less 45%		412.83
		6%	SALES TAX	32.02
			ESTIMATED TOTAL	1861.93

Ravin 3737

AUTHORIZATION Bryan Kelly TITLE _____ DATE 2-27-17

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.