

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1360160
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: _____

1360160

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> _____				
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:Ed Flake # 8
 Lease Owner:AltaVista

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

Commenced Spudding:
 2/27/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
29	Shale	49
8	Lime	57
12	Shale	69
33	Lime	102
6	Shale	108
20	Lime	128
4	Shale	132
2	Lime	134
3	Shale	137
7	Lime	144
22	Shale	166
34	Sand	200
103	Shale	303
10	Sandy Lime	313
41	Shale	354
6	Lime	360
5	Shale	365
3	Lime	368
3	Shale	371
2	Lime	373
9	Shale	382
7	Lime	389
17	Shale	406
4	Lime	410
8	Shale	418
23	Lime	441
22	Shale	463
2	Lime	465
24	Shale	489
6	Sandy Shale	495
19	Shale	514
4	Sandy Shale	518
19	Core	537
63	Shale	600-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 $BPH \times PSI \times .0004$

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. 8

Farm Ed Flake

KS Miami
(State) (County)

9 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

Ed Flake Farm: Miami County
KS State; Well No. 8

Elevation 982
 Commenced Spuding 2-27 20 17
 Finished Drilling 2-28 20 17
 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
9 18 24

(Section) (Township) (Range)
 Distance from S line, ~~4125~~ 825 ft.
 Distance from E line, ~~4125~~ 4125 ft.
3 sacks
1 core 2 7/8 casing
9 hrs
5 5/8 borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 5/8" Set 21 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
514-		Seat nipple			
545.75		Baffle			
576.30		Flon+			
600	TID	2 7/8			

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
29	Shale	49	
8	Lime	57	
12	shale	69	
33	Lime	102	
6	Shale	108	
20	Lime	128	
4	Shale	132	
2	Lime	134	
3	Shale	137	
7	Lime	144	Hertha
22	Shale	166	
34	sand	200	gas odor - 166-176 oil show
103	shale	303	
10	sandy Lime	313	white
41	Shale	354	340-red bed
6	Lime	360	
5	Shale	365	
3	Lime	368	
3	Shale	371	
2	Lime	373	
9	Shale	382	
7	Lime	389	
17	Shale	406	
4	Lime	410	
8	Shale	418	
23	Lime	441	

441

Thickness of Strata	Formation	Total Depth	Remarks
22	Shale	463	
2	Lime	465	
24	Shale	489	
6	sandy shale	495	
19	Shale	514	
4	sandy shale	518	517-518 odor
19	core	537	
63	Shale	600	TD
	core		
		518	
2	sandy	520	broken - good oil
3	sand	523	mostly solid - good oil
14	shale	537	



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#

809722

Invoice Date: 02/28/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

ED FLAKE #8

Tax: 50.70

Total: 1,842.97



7655/7553

TICKET NUMBER 50419
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #809722

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-28-17	3244	Ed Flake # 6	SW 9	18	24	Mi
CUSTOMER			TRUCK #			
Altavista Energy Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 125			DRIVER			
CITY		STATE	ZIP CODE			
Wellsville		KS	66092			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 600' CASING SIZE & WEIGHT 2 1/2 EUE
 CASING DEPTH 576' DRILL PIPE Baffle in TUBING @ 546' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' x Plug
 DISPLACEMENT 3.17 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 P/M

REMARKS: Hold safely waiting Establish pump rate + circulation.
Mix + Pump 106# Gel Flush. Mix + Pump 22 sls Per Blend I A
Cement 2% 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. Release pressure
to set float valve. Shut in casing

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	495	1500.00
CE 0002	30 mi	MILEAGE	495	214.50
CE 0711	Minimum	Ton Miles Delivery	558	660.00
WE 0853	2 hrs	80 BBL Vac Truck	675	200.00
		Sub Total		2574.50
		Less 55%		1158.53
CC 5840	72 sls	Per Blend I A Cement	272.00	19584.00
CC 5965	221#	Bentonite Gel	66.50	14785.50
CC 5326	145#	Salt	145.00	20925.00
CC 6077	360#	Kol Seal	180.00	64545.00
CP 8176	1	2 1/2" Rubber Plug	45.00	64590.00
		Sub Total		140920.00
		Less 55%		63324.00
		8%	SALES TAX	5020.00
			ESTIMATED TOTAL	184297.00

Ravin 3737

AUTHORIZATION Bryan Miller TITLE _____ DATE (409546)

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.