

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 TCores aken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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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. A-28

Farm Knocke

KS Miami
(State) (County)

16 18 24
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-19	soil-clay	19	
32	Lime	51	
7	Shale	58	
20	Lime	78	
5	Shale	83	
2	Lime	85	
4	Shale	89	
6	Lime	95	Heitha
23	Shale	118	
9	Sand	127	broken - good oil show
10	sandy shale	137	
118	Shale	255	
9	sandy Lime	264	white - no oil
41	Shale	305	293 - red bed
5	Lime	310	
19	Shale	329	
7	Lime	336	odor
16	Shale	352	
4	Lime	356	
11	Shale	367	
23	Lime	390	
7	Shale	397	
2	Lime	399	
9	Shale	408	
2	Lime	410	
30	Shale	440	
4	sandy shale	444	odor - no show



REMIT TO
 QES Pressure Pumping 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# 811258

Invoice Date: 09/15/17 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

KNOCHE #A-28

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	55.000	675.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	55.000	96.53
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	55.000	297.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	55.000	90.00
CC5840	Poz-Blend I A (50:50)	67.000	13.5000	55.000	407.03
CC5965	Bentonite	213.000	0.3000	55.000	28.76
CC5326	Sodium Chloride, Salt	135.000	1.0000	55.000	60.75
CC6077	Kolseal	335.000	0.5000	55.000	75.38
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	55.000	20.25

Subtotal 3,890.40
 Discounted Amount 2,139.72
 SubTotal After Discount 1,750.68

Amount Due 3,995.67 If paid after 10/15/17

Tax: 47.37
 Total: 1,798.07



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

9039 / 8931

TICKET NUMBER 53874
 LOCATION OTTAWA KS
 FOREMAN FRED MADER

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811258

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-17	3244	Kuache # A-28	NW 16	18	24	MI
CUSTOMER Altavista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fre Mad /			
CITY STATE ZIP CODE Wellsville KS 66092			467 / Mad Car /			
			675 / Kel Det /			
			804 / Arl Mad /			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 524 DRILL PIPE Baffle in tubing @ 492 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20' Plug
 DISPLACEMENT 2.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 67 sks Poz 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 200# PSI. Release pressure to set float valve. Shut in casing.

TOS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	30 mi	MILEAGE	467	214.00
CE0711	Minimum	Ton Miles Delivery	804	660.00
WB0853	2 hrs	80 BBL Vac Truck	675	200.00
		Sub Total		2574.00
		less 55%		1158.53
CC5810	67 sks	Poz Blend IA Cement		904.50
CC5965	213#	Bentonite Gel.		632.00
CC5326	135#	Salt		135.00
CC6077	335#	Kal Seal		167.50
CP8176	1	2 1/2" Rubber Plug		4.50
		Sub Total		1315.20
		less 55%		592.16
		8%	SALES TAX	47.37
			ESTIMATED TOTAL	1798.03

AUTHORIZATION No Co. Rep on site. TITLE _____ DATE (39956)

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.