

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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 Date Reached TD Completion Date or
Recompletion Date 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 Cores Taken <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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Windler Farm: Miami County

KS State; Well No. A-42

Elevation 930

Commenced Spuding 11-21 20 17

Finished Drilling 11-22 20 17

Driller's Name Wesley Dellard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

(Section) (Township) (Range)

Distance from S line, 4830 ft.

Distance from E line, 4515 ft.

3 sacks
 9 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 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
480		Seat nipple			
511.75		Ballie		2 7/8	
543.45		Float			
560		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-12	soil-clay	12	
8	Lime	20	
13	shale	33	
33	Lime	66	
7	shale	73	
19	Lime	92	
4	shale	96	
2	Lime	98	
6	shale	104	
5	Lime	109	Heitha
20	shale	129	
13	sand	142	broken - good oil show
13	sandy shale	155	
114	shale	269	
10	limey sand	279	no oil
6	sandy shale	285	
34	shale	319	
7	Lime	326	
18	shale	344	
11	Lime	355	
11	shale	366	
4	Lime	370	
14	shale	384	
24	Lime	408	
6	shale	414	
5	Lime	419	
65	shale	484	

484

Thickness of Strata	Formation	Total Depth	Remarks
16	Core	500	
35	Shale	535	
1	Lime	536	
24	Shale	560	TD
	Core		
		484	
46	sand	492	solid - great oil show
2	sand & sandy shale	494	broken - good oil in sand
6	Sandy shale	500	



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# 811807

Invoice Date: 11/27/17 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

Windler A-42

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	50.000	750.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	50.000	107.25
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	50.000	330.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	50.000	100.00
CC5840	Poz-Blend I A (50:50)	78.000	13.5000	50.000	526.50
CC5965	Bentonite	231.000	0.3000	50.000	34.65
CC5326	Sodium Chloride, Salt	164.000	1.0000	50.000	82.00
CC6077	Kolseal	390.000	0.5000	50.000	97.50
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	50.000	22.50

Subtotal 4,100.80
 Discounted Amount 2,050.40
 SubTotal After Discount 2,050.40

Amount Due 4,222.90 If paid after 12/27/17

Tax: 61.05
 Total: 2,111.45



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

9540
9472

TICKET NUMBER 53903
LOCATION Olawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811807

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/22/17	3244	Windler # A-42	NW 21	18	24	M1
CUSTOMER Attavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Casken v Soble, Meeting			
CITY Wellsville			495 / Har Bec			
STATE KS			558 / Arl McD			
ZIP CODE 66092			675 / Kei Det			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 560' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 543' DRILL PIPE TUBING battle-512' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 31'
DISPLACEMENT 2.96 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Weld safety meeting, established circulation, mixed + pumped 100 # Gel followed by 5 bbls fresh water, mixed + pumped 78 sks Pozblend 1A cement w/ 5 # Kalseal, 5% salt, + 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing, TD w/ 2.96 bbls fresh water, pressured to 800 PSI, released pressure, shut-in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	ton mileage	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-50%	1287.25	
		subtotal		1287.25
14797 CC5840	1480 (3) 78 sks	Pozblend 1A cement	1053.00	
CC5965	231 #	Gel	69.30	
CC6077	390 #	Kalseal .50	195.00	
CC5326	164 #	Salt 1.00	164.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1526.30	
		-50%	763.15	
		subtotal		763.15
		8.0%	SALES TAX	61.05
		ESTIMATED TOTAL		2111.45

RAVIN 3737 AUTHORIZATION No Co Rep on location TITLE _____ DATE (4222.90)

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.