

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) (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-43

Farm Windler

KS  
(State)

Miami  
(County)

21  
(Section)

18  
(Township)

24  
(Range)

For Altavista Energy inc  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Windler Farm: Miami County

KS State: Well No. A-43

Elevation 938

Commenced Spuding 11-20 20 <sup>17</sup>

Finished Drilling 11-21 20 <sup>17</sup>

Driller's Name Wesley Dollford

Driller's Name Ryan Ward

Driller's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

21 18 24

(Section) (Township) (Range)

Distance from S line, 4270 ft.

Distance from E line, 4515 ft.

3 sacks  
9 hrs  
1 core  
5 5/8 borehole  
2 7/8 casing

### CASING AND TUBING RECORD

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

### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
488		seat nipple			
519.65		Bottle			
551.55		Float			
560		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil-clay	15	
9	Lime	24	
12	Shale	36	
32	Lime	68	
7	Shale	75	
20	Lime	95	
4	Shale	99	
2	Lime	101	
5	Shale	106	
6	Lime	112	Heather
21	Shale	133	
10	sand	143	broken - good oil show
12	sandy shale	155	
118	Shale	273	
11	limy sand	284	white - no oil
39	Shale	323	
6	Lime	329	
5	Shale	334	
3	Lime	337	
11	Shale	348	
11	Lime	359	
12	Shale	371	
4	Lime	375	
14	Shale	389	
28	Lime	417	
4	Shale	421	
2	Lime	423	







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#

811806

Invoice Date: 11/27/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

Windler A-43

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)	75.000	13.5000	50.000	506.25
CC5965	Bentonite	226.000	0.3000	50.000	33.90
CC5326	Sodium Chloride, Salt	158.000	1.0000	50.000	79.00
CC6077	Kolseal	375.000	0.5000	50.000	93.75
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	50.000	22.50

Subtotal 4,045.30

Discounted Amount 2,022.65

SubTotal After Discount 2,022.65

Amount Due 4,162.96 If paid after 12/27/17

Tax: 58.83

Total: 2,081.48



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

9539  
 9430

TICKET NUMBER 53918  
 LOCATION Oxtawa KS  
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 811806

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/21/17	3244	Winder 1 A-43	NW 21	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			368 / Ala Mad /			
			369 / Mik Hag /			
			558 / Kai Det /			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 552 DRILL PIPE Baffle tubing @ 520 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 32' x Plug  
 DISPLACEMENT 3.02 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 3 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 75 sks Por Blend IA 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
CE0450	1	PUMP CHARGE	368	1500.00
CE0002	30 mi	MILEAGE	368	214.50
CE0711	Minimum	Ten Miles Delivery	558	1660.00
WE0853	2 hrs	80 BBL Vac Truck	369	200.00
		Sub Total		2574.50
		less 50%		1287.25
1479 CC5840	75 sks	Por Blend IA Cement		1072.50
CC5965	226#	Bentonite Gel		67.50
CC5326	158#	Salt		168.00
CL6077	375#	Kol Seal		187.50
CP8176	1	2 1/2" Rubber Plug		45.00
		Sub Total		1470.00
		less 50%		735.00
		8%	SALES TAX	58.53
			ESTIMATED TOTAL	2081.45
				(4162.96)

Ravin 3737

AUTHORIZATION Doug TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.