

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

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

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 x PSI x .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 $SPM \times D$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$
746 WATTS equal 1 HP

Log Book

Well No. A-44

Farm Windler

KS Miami
(State) (County)

21 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	
5	Lime	14	
14	Shale	28	
33	Lime	61	
6	Shale	67	
20	Lime	87	
4	Shale	91	
2	Lime	93	
4	Shale	97	
7	Lime	104	Hertha
20	Shale	124	
12	sand	136	broken - good oil show
23	sandy shale	159	
101	Shale	260	
7	sandy shale	267	
10	limy sand	277	no oil
34	shale	311	
6	Lime	317	
7	Shale	324	
5	Lime	329	
9	Shale	338	
9	Lime	347	
15	Shale	362	
4	Lime	366	
14	Shale	380	
26	Lime	406	
7	Shale	413	



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

9584
 9477

TICKET NUMBER 53920
 LOCATION Ottawa KS
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 811869

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-17	3244	Windsler A-414	NW 21	18	24	MI
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			A-1 McD			
KS			A-1 McD			
66092			A-1 McD			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 3/4 EUE
 CASING DEPTH 546 DRILL PIPE _____ TUBING 506 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 30' + Plug
 DISPLACEMENT 2.95 ABL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.0 BPM

REMARKS: Hold Safety meeting. Establish Circulation. Mix & Pump 100* Gel
Flush. Mix & Pump 675kgs Por Mix I A Cement 2% Gel 5% Salt
5* K&L 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 Daily

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	30mi	MILEAGE	495	214.50
CE0711	Minimum	Tax Miles Delivery	556	660.00
WE0853	2 hrs	60 ABL Vac Truck	369	200.00
		Sub Total		2574.50
		Less 50%		1287.25
CC5840	675kgs	Por Blend I A Cement	904.50	609.50
CC5705	213*	Bentonite Gel	63.90	136.40
CC5326	141*	Salt	141.00	197.80
CC6077	335*	K&L Seal	167.50	365.30
CP8176	1	2 1/2" Rubber Plug	45.00	410.30
		Sub Total		1321.90
		Less 50%		660.95
		SALES TAX		52.87
		ESTIMATED TOTAL		2001.82

Ravin 3737

AUTHORIZATION Byrd Mills TITLE _____ DATE 40 DEC 2017

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.