

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
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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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Miami County, KS
 Well: Windler AI-40
 Lease Owner: AltaVista

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

Commenced Spudding:
 11/8/2017

WELL LOG

Thickness of Strata	Formation	Total Depth
0-11	Soil-Clay	11
7	Lime	18
14	Shale	32
32	Lime	64
6	Shale	70
21	Lime	91
4	Shale	95
2	Lime	97
4	Shale	101
7	Lime	108
20	Shale	128
9	Sand	137
23	Sandy Shale	160
110	Shale	270
10	Limey Sand	280
38	Shale	318
5	Lime	323
5	Shale	328
4	Lime	332
10	Shale	342
8	Lime	350
15	Shale	365
4	Lime	369
13	Shale	382
24	Lime	406
6	Shale	412
3	Lime	415
62	Shale	477
4	Sandy Shale	481
8	Sand	489
2	Sand	491
8	Sandy Shale	498
36	Shale	534
1	Lime	535
45	Shale	580-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 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 $SPM \times d$

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. AI-40

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
0-11	soil-clay	11	
7	Lime	18	
14	Shale	32	
32	Lime	64	
6	Shale	70	
21	Lime	91	
4	Shale	95	
2	Lime	97	
4	Shale	101	
7	Lime	108	Hertha
20	Shale	128	
9	Sand	137	broken - good oil show
23	sandy shale	160	
110	Shale	270	
10	limy sand	280	no oil
38	Shale	318	
5	Lime	323	
5	Shale	328	
4	Lime	332	
10	Shale	342	
8	Lime	350	
15	Shale	365	
4	Lime	369	
13	Shale	382	
24	Lime	406	
6	Shale	412	
3	Lime	415	



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#

811708

Invoice Date: 11/13/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
 WELLSVILLE KS 66092
 USA

7858834057

Windler #AI-40

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)	2.500	100.0000	50.000	125.00
CC5840	Poz-Blend I A (50:50)	68.000	13.5000	50.000	459.00
CC5965	Bentonite	214.000	0.3000	50.000	32.10
CC5326	Sodium Chloride, Salt	143.000	1.0000	50.000	71.50
CC6077	Kolseal	340.000	0.5000	50.000	85.00
CC6128	Mud Flush - C	0.500	50.0000	50.000	12.50
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	50.000	22.50

Subtotal 3,989.70

Discounted Amount 1,994.85

SubTotal After Discount 1,994.85

Amount Due 4,098.92 If paid after 12/13/17

Tax: 54.61

Total: 2,049.46



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

9424
 9310

TICKET NUMBER 53911

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811708

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-9-17	3244	Windler # AI-40	NW 21	18	24	MI
CUSTOMER <u>Altavista Energy Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			712	<u>Fred Mader</u>		
CITY <u>Wellsville</u>			495	<u>Har Bee</u>		
STATE <u>KS</u>			675	<u>Kai Det</u>		
ZIP CODE <u>66092</u>			558	<u>Mikhael</u>		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 580' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 572 DRILL PIPE Baffle in TUBING @ 541 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' x Plug
 DISPLACEMENT 3.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.6 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Pump 1/2 Gal
Mod Flush "C" + Circulate to condition hole. Mix + Pump 100#
Gel Flush. Mix + Pump 68 SKs Por Blend 1A Cement 2% Gel
5% Salt 5# Kal Seal/sk. Cement to Surface. Flush pump
x 1/2 hrs 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0456	1	PUMP CHARGE	495	1500.00
CE0002	30 mi	MILEAGE	495	214.50
CE0711	Minimum	Ten Miles Delivery	558	660.00
WE0853	2 1/2 hrs	80 BBL Vac Truck	675	250.00
		Sub Total		2624.50
		Less 50%		1312.25
CC5840	68 SKs	Por Blend 1A Cement	918.00	62424.00
CC5965	214#	Bentonite Gel	64.20	13824.00
CC5326	143#	Salt	143.00	20451.00
CC6077	340#	Kal Seal	170.00	22621.00
CC6128	1/2 Gal	Mud Flush "C"	25.00	23146.00
CP4176	1	2 1/2" Rubber Plug	45.00	23601.00
		Sub Total		13662.00
		Less 50%		6831.00
		8 1/2%	SALES TAX	549.61
			ESTIMATED TOTAL	20494.61

Flavin 3737

AUTHORIZATION Payson TITLE _____ DATE 4098

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