

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](mailto: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. AI-42

Farm Winder

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. A1-42

Elevation 932

Commenced Spuding 11-27~~27~~<sup>20</sup> 17

Finished Drilling 11-28<sup>29</sup> 17

Driller's Name Wesley Dillard

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 5 line 4550 ft.

Distance from E line ~~4550~~ 455 ft.

3 sacks  
8 hrs  
5 7/8 bore hole  
2 1/8 casing

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_

7 1/2" Set 20 6 1/4" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
539.	35	Baffle			
570.	95	Float			
580	TD		2 1/8		

Thickness of Strata	Formation	Total Depth	Remarks
0-12	Soil-clay	12	
7	Lime	19	
14	Shale	33	
33	Lime	66	
5	Shale	71	
21	Lime	92	
4	Shale	96	
2	Lime	98	
4	Shale	102	
7	Lime	109	Hertha
21	Shale	130	
13	sand	143	broken - good oil show
20	sandy shale	163	
107	Shale	270	
15	limy sand	285	no oil
35	Shale	320	
5	Lime	325	
7	Shale	332	
3	Lime	335	
9	Shale	344	
8	Lime	352	
15	Shale	367	
4	Lime	371	
14	Shale	385	
25	Lime	410	
7	Shale	417	
1	Lime	418	

418

Thickness of Strata	Formation	Total Depth	Remarks
64	Shale	482	
4	sandy shale	486	
8	sand	494	solid-good saturation
10	sandy shale	504	
35	shale	539	
1	Lime	540	
40	shale	580	TD





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# 811833

Invoice Date: 11/28/17 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

WINDLER AI-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)	2.500	100.0000	50.000	125.00
CC5840	Poz-Blend I A (50:50)	70.000	13.5000	50.000	472.50
CC5965	Bentonite	118.000	0.3000	50.000	17.70
CC5326	Sodium Chloride, Salt	147.000	1.0000	50.000	73.50
CC6077	Kolseal	350.000	0.5000	50.000	87.50
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 3,996.90  
 Discounted Amount 1,998.45  
 SubTotal After Discount 1,998.45

Amount Due 4,106.69 If paid after 12/28/17

Tax: 54.89  
 Total: 2,053.34



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

9555  
quiver

TICKET NUMBER 53919

LOCATION @ Lawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice # 811833

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-27-17	3244	Windler # AI-42	NW 21	18	24	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altaivisto Energy, LLC			712	Fred Maden		
MAILING ADDRESS			495	Barbee		
P.O. Box 128			369	Mik Han		
CITY	STATE	ZIP CODE	558	Arl McD		
Wellsville	KS	66092				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 580 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 571 DRILL PIPE Baffle in TUBING 539 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 32' x Plug  
 DISPLACEMENT 3.1334 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 3 1/2 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 1/2 Gal  
Mud Flush "C". Circulate to condition hole. Mix & Pump  
70 SKs Poz Blend IA Cement 2% gel 5% Sulf 5"  
Kol Seal/sk. Cement to surface. Flush pump & lines clean  
Displace 2 1/2" Rubber Plug to Baffle in Casing. Pressure to  
800\* ASL. Release pressure to set float valve. Shut in Casing.

T.O.S. Drilling. 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	2145.00
CE071	Minimum	Ten Miles Delivery	558	660.00
WFO853	2 1/2 hr	80 BBL Nac Trbck	369	250.00
		Sub Total		2624.50
		- less 50%		1312.25
CC5810	70 SKs	Poz Blend IA Cement	945.00	945.00
CC5965	118#	Bentonite Gel	35.40	35.40
CC5326	147#	Sulf	147.00	147.00
CC6077	350#	Kol Seal	175.00	175.00
CC6128	1/2 Gal	Mud Flush "C"	25.00	25.00
CP9176	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		1372.40
		less 50%		686.20
		8%		54.89
		SALES TAX		54.89
		ESTIMATED TOTAL		2053.34

AUTHORIZATION Bryan Mills TITLE \_\_\_\_\_ DATE (4106 17)

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.