

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)</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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Miami County, KS
 Well: Windler A-47
 Lease Owner: AltaVista

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

Commenced Spudding:
 11/30/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
7	Lime	17
13	Shale	30
34	Lime	64
5	Shale	69
20	Lime	89
4	Shale	93
3	Lime	96
4	Shale	100
7	Lime	107
20	Shale	127
16	Sand	143
17	Sandy Shale	160
106	Shale	266
14	Limey Sand	280
35	Shale	315
6	Lime	321
5	Shale	326
3	Lime	329
3	Shale	332
1	Lime	333
8	Shale	341
8	Lime	349
16	Shale	365
4	Lime	369
16	Shale	385
23	Lime	408
20	Shale	428
1	Lime	429
49	Shale	478
6	Sandy Shale	484
15	Core	499
36	Shale	535
1	Lime	536
24	Shale	560-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 - $\text{RPM} \times d$ over $\text{SPM} \times R$

d - $\text{SPM} \times R \times D$ over RPM

SPM - $\text{RPM} \times D$ over $R \times d$

R - $\text{RPM} \times D$ over $\text{SPM} \times d$

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

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. A-47

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

Winkler Farm: Miami County
 KS State: Well No. A-47

Elevation 920

Commenced Spuding 11-30 20 17

Finished Drilling 12-1 20 17

Driller's Name Wesley Dollard

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, 5115 ft.

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

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 3/4" Set 20 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
480.	10	500	00	511	80
511.	80	543.	50	560	TD

Thickness of Strata	Formation	Total Depth	Remarks
0-10	ss. l - clay	10	
7	Lime	17	
13	Shale	30	
34	Lime	64	
5	Shale	69	
20	Lime	89	
4	Shale	93	
3	Lime	96	
4	Shale	100	
7	Lime	107	Hertha
20	Shale	127	
16	sand	143	broken - good oil show
17	sandy shale	160	
106	Shale	266	
14	limy sand	280	no oil
35	Shale	315	
6	Lime	321	
5	Shale	326	
3	Lime	329	
3	Shale	332	
1	Lime	333	
8	Shale	341	
8	Lime	349	
16	Shale	365	
4	Lime	369	
16	Shale	385	
23	Lime	408	

438

Thickness of Strata	Formation	Total Depth	Remarks
20	Shale	428	
1	Lime	429	
49	Shale	478	
6	sandy shale	484	483-484 oil
15	Core	499	
36	Shale	535	
1	Lime	536	
24	Shale	560	TD
	Core		
		484	
1	sand	485	solid - good saturation
2	sandy shale	487	solid no oil
4	sand	491	mostly solid - good saturation
8	sandy shale	499	no oil



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#

811969

Invoice Date: 12/05/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

windler #a47

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)	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
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	50.000	22.50

Subtotal 3,914.70

Discounted Amount 1,957.35

SubTotal After Discount 1,957.35

Amount Due 4,021.92 If paid after 01/04/18

Tax: 53.61

Total: 2,010.96



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

9049
9540

TICKET NUMBER 53922
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE #811969

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-1-17	3244	Windler # A-47	NW 21	18	24	MI
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Alta Vista Energy, Inc			712	Fred Mader		
MAILING ADDRESS			495	Nor Dec		
P.O. Box 128			369	Mixton		
CITY STATE ZIP CODE			558	Art Mc		
Wellsville KS 66092						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 Euf
 CASING DEPTH 543 DRILL PIPE Baffle in TUBING @ 5 1/2 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.97 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: No H safety meeting. Establish pump rate. Mix Pump 100*
Gel Flush. Mix & Pump 6K SKs Per Blend 2A Cement 2% Gel
5 7/8 Salt 5" Hal 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	30mi	MILEAGE	495	21450 ⁰⁰
CE0711	Minimum	Ton Miles Delivery	550	6600 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	369	2000 ⁰⁰
		Sub Total		25740 ⁰⁰
		Less 50%		12870 ⁰⁰
CC5840	6P SKC	Per Blend 2A Cement		91800 ⁰⁰
CC5865	214#	Bentonite Gel		6420 ⁰⁰
CC5826	143#	Salt		14300 ⁰⁰
CC6027	340#	Hal Seal		17000 ⁰⁰
CP8176	1	2 1/2" Rubber Plug		4500 ⁰⁰
		Sub Total		13400 ⁰⁰
		Less 50%		6700 ⁰⁰
		8%	SALES TAX	536 ⁰⁰
			ESTIMATED TOTAL	201086 ⁰⁰

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE (402122)

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.