

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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# 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. A-8

Farm Holtz

KS Miami  
(State) (County)

16 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
0-7	soil-clay	7	
3	Lime	10	
47	Shale	57	
9	Lime	66	
12	Shale	78	
34	Lime	112	
4	Shale	116	
23	Lime	139	
4	Shale	143	
2	Lime	145	
6	Shale	151	
4	Lime	155	Herthe
25	Shale	180	
17	sandy shale	197	
115	Shale	312	redbed - 308
10	sandy Lime	322	white - no oil
39	Shale	361	
5	Lime	366	
8	Shale	374	
5	Lime	379	
7	Shale	386	
11	Lime	397	
12	Shale	409	
3	Lime	412	
12	Shale	424	
26	Lime	450	
7	Shale	457	







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#

812113

Invoice Date: 12/28/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

HOLTZ #A-8

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	45.000	117.98
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	45.000	110.00
CC5840	Poz-Blend I A (50:50)	74.000	13.5000	45.000	549.45
CC5965	Bentonite	225.000	0.3000	45.000	37.13
CC5326	Sodium Chloride, Salt	155.000	1.0000	45.000	85.25
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75
CC6077	Kolseal	370.000	0.5000	45.000	101.75

Subtotal 4,026.00

Discounted Amount 1,811.70

SubTotal After Discount 2,214.30

Amount Due 4,142.12 If paid after 01/27/18

Tax: 63.86

Total: 2,278.17



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

9784  
 9677

TICKET NUMBER 53949

LOCATION O-Hanna KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 812113

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-17	3244	Holtz # A-8	SW 16	18	24	Mi
CUSTOMER <u>A Havis Energy Inc</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>	TRUCK #		
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 600 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 582 DRILL PIPE Baffle in tubing @ 551 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 32' + Plug  
 DISPLACEMENT 3.2 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix Pump 100\*  
Gel Flush. Mix + Pump 74 sks Por Blend IA Cement 2% Gel  
5% Salt 5# Kol Seal /sk. Cement to surface. Flush pump  
+ 1 hr clean. Displace 2 1/2" Rubber Plug to Baffle in  
Casing. Pressure to 700\* PSI. Release pressure to set  
float Valve. Shut in Casing.

IOS Drilling - Wesley & Ryan.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <sup>00</sup>
CE0002	30 mi	MILEAGE	495	2145 <sup>00</sup>
CE0711	Minimum	Ten Miles Delivery	500	660 <sup>00</sup>
WE0853	2 hrs	80 BBL Vac Truck	675	200 <sup>00</sup>
		Sub Total		2574 <sup>50</sup>
		less 45% -	1158 <sup>53</sup>	1415 <sup>92</sup>
152113 CE5840	74 sks	Por Blend IA Cement	999 <sup>00</sup>	
CE5965	225#	Bentonite Gel	675 <sup>00</sup>	
CC5326	155#	Salt	155 <sup>00</sup>	
CC6077	370#	Kol Seal	185 <sup>00</sup>	
CP8176	1	2 1/2" Rubber Plug	45 <sup>00</sup>	
		Sub Total		1451 <sup>50</sup>
		less 45% -	653 <sup>13</sup>	798 <sup>32</sup>
		6%	SALES TAX	63 <sup>86</sup>
			ESTIMATED TOTAL	2278 <sup>12</sup>
				(4142 <sup>12</sup> )

Ravin 3737

AUTHORIZATION \_\_\_\_\_ 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.