

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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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-9

Farm Holtz

KS
(State)

Miami
(County)

16
(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

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
14	Shale	34	
9	Lime	43	
12	Shale	55	
33	Lime	88	
5	Shale	93	
23	Lime	116	
5	Shale	121	
2	Lime	123	
4	Shale	127	
6	Lime	133	Heitha
27	Shale	160	
15	sandy shale	175	
114	Shale	289	
11	sandy Lime	300	white - no oil
39	Shale	339	
5	Lime	344	
19	Shale	363	
11	Lime	374	
14	Shale	388	
4	Lime	392	
13	Shale	405	
24	Lime	429	
6	Shale	435	
2	Lime	437	
11	Shale	448	
4	Lime	452	



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#

812063

Invoice Date: 12/20/17

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

HOLTZ #A-9

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)	70.000	13.5000	45.000	519.75
CC5965	Bentonite	218.000	0.3000	45.000	35.97
CC5326	Sodium Chloride, Salt	147.000	1.0000	45.000	80.85
CC6077	Kolseal	350.000	0.5000	45.000	96.25
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 3,951.90
 Discounted Amount 1,778.36
 SubTotal After Discount 2,173.54

Amount Due 4,062.09 If paid after 01/19/18

Tax: 60.60

Total: 2,234.15



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

9742
 9633

TICKET NUMBER 53944

LOCATION Ottawa KS

FOREMAN Fred Maden

812063

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-12	3244	Holtz # 10 # A-9	SW 16	15	24	M1
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Alhavista Energy Inc			712 Fre Mad			
MAILING ADDRESS			495 Hoe Bac			
P.O. Box 128			675 Kai Det			
CITY STATE ZIP CODE			554 MiKHea			
Wellsville KS 66092						

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 540 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 560 DRILL PIPE Baffle in TUBING @ 529 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 3.138L DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix + Pump 100#
Por Flush. Mix + Pump 70 SKs Por Blend IA Cement 2% Gel
5" Kol Seal 5% Salt. 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. Show in
Casing.

TOS Drilling. Wesley Dillard

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	30 mi	MILEAGE	495	2145 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	558	660 ⁰⁰
WE0853	2 hrs	80 BBL Vac Treat	695	200 ⁰⁰
		Sub Total		2574 ⁵⁰
		less 45% -		1158 ⁵³
				1415 ⁹⁷
15735 CC5840	70 SKs	Por Blend IA Cement	945 ⁰⁰	
CC5965	218 #	Bauxite Gel	65 ⁴⁰	
CC5326	147 #	Salt	147 ⁰⁰	
CC6077	353 #	Kol Seal	175 ⁰⁰	
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1377 ⁴⁰
		less 45% -		619 ⁸²
				757 ⁵⁷
		8%	SALES TAX	60 ⁶⁰
			ESTIMATED TOTAL	2234 ¹⁷

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE (406209)

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.