

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:0'Brien WSW-1
 Lease Owner:AltaVista

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

Commenced Spudding:
 1/8/2017

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
8	Shale	28
19	Lime	47
9	Shale	56
2	Lime	58
7	Shale	65
6	Lime	71
40	Shale	111
18	Lime	129
9	Shale	138
13	Lime	151
1	Shale	152
16	Lime	168
8	Shale	176
22	Lime	198
5	Shale	203
4	Lime	207
3	Shale	210
5	Shale	215
154	Lime	369
8	Limey Sand	377
13	Lime	390
44	Shale	434
8	Lime	442
10	Shale	452
3	Lime	455
16	Shale	471
7	Lime	478
21	Shale	499
1	Lime	500
5	Shale	505
7	Lime	512
13	Shale	525
10	Sand	535
10	Sandy Shale	545
41	Shale	586
10	Sand & Shale	596
4	Sandy Shale	600
5	Shale	605
2	Lime	607

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 1.4 \times h$

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. WSW-1

Farm O'Brien

KS Miami
(State) (County)

1 18 21
(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
0-20	soil-clay	20	
8	shale	28	
19	lime	47	
9	shale	56	
2	lime	58	
7	shale	65	
6	lime	71	
40	shale	111	red bed
18	lime	129	
9	shale	138	
13	lime	151	
1	shale	152	
16	lime	168	
8	shale	176	
22	lime	198	
5	shale	203	
4	lime	207	
3	shale	210	
5	lime	215	Halting
154	shale	369	
8	1 meq sand	377	broken - good oil show
13	lime	390	
44	shale	434	
8	lime	442	
10	shale	452	
3	lime	455	
16	shale	471	

471

Thickness of Strata	Formation	Total Depth	Remarks
7	Lime	475	
21	Shale	499	
1	Lime	500	
5	Shale	505	
7	Lime	512	odor - no show
13	Shale	525	
10	sand	535	mostly solid - good saturation
10	sandy shale	545	
41	Shale	586	
10	sand & shale	596	no oil
4	sandy shale	600	
5	Shale	605	
2	Lime	607	Coal seam
13	Shale	620	
3	Lime	623	
7	shale	630	
10	sandy shale	640	
56	Shale	696	
6	sandy shale	702	
18	Shale	720	
71	sandy shale	791	
15	sand	806	grey
14	sand	820	water
13	sand	833	grey
7	sandy shale	840	
7	shale	847	
8	sandy shale	855	

855

Thickness of Strata	Formation	Total Depth	Remarks
5	sand	860	grey
7	Shale	867	
13	sand	880	brown
21	Shale	901	
3	sand	904	grey
21	Shale	925	
3	Lime	928	
3	sand	931	brown - odor - no show
14	Lime	945	odor - slight oil show
2	sandy Lime	947	
13	sandy shale & Lime	960	
2	Lime	962	
4	sandy shale & Lime	966	
11	sandy Lime	977	
8	Lime	985	
3	sandy Lime	988	
6	Lime	994	
1	sandy shale & Lime	995	
6	sandy Lime	1001	
1	Lime	1002	
2	sandy Lime	1004	
37	Lime	1041	very hard
44	Lime	1085	odor
195	Lime	1280	water - 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#

812259

Invoice Date: 01/23/18

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

O'Brien #WSW-1

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	25.000	7.1500	45.000	98.31
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
CC5860	ThixdoBlend I	134.000	25.0000	45.000	1,842.50
CC5965	Bentonite	200.000	0.3000	45.000	33.00
CC6077	Kolseal	670.000	0.5000	45.000	184.25
CC6079	PhenoSeal Formica Flakes	67.000	1.3500	45.000	49.75
CC6128	Mud Flush - C	2.000	50.0000	45.000	55.00
CP8178	4 1/2" Top Rubber Plug	1.000	75.0000	45.000	41.25

Subtotal 6,549.20

Discounted Amount 2,947.14

SubTotal After Discount 3,602.06

Amount Due 6,870.04 If paid after 02/22/18

Tax: 176.46

Total: 3,778.52



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

9901
9703

TICKET NUMBER 53933
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #812259

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/9/18	3244	O'Brien # WSW-1	SE 1	18	21	MI
CUSTOMER AltaVista Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Casken	✓	Safety Meeting
			495	Har Bec	✓	
			548	Ala Mad	✓	
			675	Kei Det	✓	

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 1280' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1243' DRILL PIPE _____ TUBING baffle-1214' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29'
DISPLACEMENT 19.36 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 2 gal Mud Flush C (Polymer), circulated for 1 hr to condition hole, mixed & pumped 200 # gel followed by 5 bbls fresh water, mixed & pumped 134 sks Thixoblend 1 cement w/ 5# Kalseal, & 1/2 # Phenoseal per sk, flushed pump clean, pumped 4 1/2" rubber plug to baffle w/ 19.36 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.
*Cement to surface

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	✓
CE0002	25 mi	MILEAGE	178.75	✓
CE0711	min	Van mileage	600.00	✓
WE0853	2 hrs	80 Vac	200.00	✓
		trucks	2538.75	
		- 45%	1142.44	
		Subtotal		1296.31
CC5860	134 sks	Thixoblend 1 cement	3350.00	✓
CC5965	200 #	gel	60.00	✓
CC6077	670 #	Kalseal	335.00	✓
CC6079	67 #	Phenoseal	90.45	✓
CC6128	2 gal	Mud Flush C (Polymer)	100.00	✓
CP8178	1	4 1/2" rubber plug	75.00	✓
		materials	4010.45	
		- 45%	1804.70	
		Subtotal		2205.75
		8%		
		SALES TAX		176.46
		ESTIMATED TOTAL		3778.52

Ravin 3737

AUTHORIZATION Buyer [Signature] TITLE _____ DATE (10870.04)

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.