

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) (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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Woodson County, KS  
Well:Section 35 A-14  
Lease Owner:AltaVista

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

Commenced Spudding:  
3/23/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil-Clay	14
151	Shale	165
27	Lime	192
6	Shale	198
16	Lime	214
26	Shale	240
148	Lime	388
3	Shale	391
6	Lime	397
38	Sandy Lime	435
11	Lime	446
17	Shale	463
18	Lime	481
5	Shale	486
4	Lime	490
14	Shale	504
36	Lime	540
14	Sandy Lime	554
18	Lime	572
9	Shale	581
42	Lime	623
171	Shale	794
6	Lime	800
18	Shale	818
8	Lime	826
7	Shale	833
9	Sandy Lime	842
42	Shale	884
2	Lime	886
5	Shale	891
10	Lime	901
16	Shale	917
3	Lime	920
16	Shale	936
13	Shale & Lime	949
5	Shale	954
4	Lime	958
11	Shale	969
2	Lime	971
4	Shale	975



# 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-14

Farm Section 35

KS Woodson  
(State) (County)

35 23 16  
(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
0-14	soil-clay	14	
151	Shale	165	
27	Lime	192	
6	Shale	198	sandy
16	Lime	214	
26	Shale	240	red bed
148	Lime	388	water
3	Shale	391	
6	Lime	397	
38	sandy Lime	435	white - alot of water
11	Lime	446	
17	Shale	463	
18	Lime	481	
5	Shale	486	sandy
4	Lime	490	
14	Shale	504	
36	Lime	540	
14	sandy Lime	554	water
18	Lime	572	
9	Shale	581	
42	Lime	623	
171	Shale	794	
6	Lime	800	
18	Shale	818	
8	Lime	826	
7	Shale	833	
9	sandy Lime	842	odor - slight slow in bottom







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#

812812

Invoice Date: 04/05/18

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

SECTION 35 #A-14

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	1.000	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	440.0000	45.000	242.00
WS2402	Water Transport (Cement Service)	4.000	120.0000	45.000	264.00
CC5840	Poz-Blend I A (50:50)	149.000	13.5000	45.000	1,106.33
CC5965	Bentonite	450.000	0.3000	45.000	74.25
CC5326	Sodium Chloride, Salt	313.000	1.0000	45.000	172.15
CC6077	Kolseal	745.000	0.5000	45.000	204.88
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 5,297.00

Discounted Amount 2,383.65

SubTotal After Discount 2,913.35

Amount Due 5,512.78 If paid after 05/05/18

Tax: 118.67

Total: 3,032.03



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

10354  
10244

TICKET NUMBER 53961  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice # 812812

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/2/18	3244	Section 35 #A-14	NW 35	23	16	WO
CUSTOMER Attavista Energy						
MAILING ADDRESS PO Box			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wellsville			72A	Casper	✓ Safety Meeting	
STATE KS			467	Kei Car	✓	
ZIP CODE 66092			804	HarBec	✓ 680-T90	Rya Hay
			503	Kei Car	✓	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1100' CASING SIZE & WEIGHT 2 7/8" EVE  
 CASING DEPTH 1075' DRILL PIPE \_\_\_\_\_ TUBING baffle - 1043' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 32'  
 DISPLACEMENT 6.04 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: hold safety meeting, established circulation, mixed + pumped 200# Gel followed by 5 bbls fresh water, mixed + pumped 149 sks Pozblend 1A cement w/ 2% gel, 5% salt, + 5 #Kol seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.04 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

\*TOS

*[Signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	on lease	MILEAGE		
CE0711	2 1/2 min	ton mileage	440.00	
WS2402	4 hrs	Transport	480.00	
		trucks	2420.00	
		%	1089.00	
		subtotal		1331.00
CC5840	149 sks	Pozblend 1A cement	2011.50	
CC5965	450 #	Gel	135.00	
CC5326	313 #	Salt	313.00	
CC6077	745 #	Kolseal	372.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2877.00	
		%	1294.65	
		subtotal		1582.35
		7.5%		
		SALES TAX		118.65
		ESTIMATED TOTAL		3032.03

Ravin 3737 AUTHORIZATION Bryan Miller TITLE \_\_\_\_\_ DATE (5512.78)

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