

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](mailto: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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# LEIS OIL SERVICES, LLC

1410 150<sup>th</sup> Rd. Yates Center, KS 66783 (620) 212-0752

<b>Operator License #:</b> 34350	<b>API #:</b> 15-207-29537-00-00
<b>Operator:</b> Altavista Energy, Inc.	<b>Lease:</b> Jones
<b>Address:</b> Box 128 Wellsville, KS 66092	<b>Well #:</b> A-10
<b>Phone:</b> (785) 883-4057	<b>Spud Date:</b> 3-24-18 <b>Completed:</b> 4-2-18
<b>Contractor License:</b> 34036	<b>Location:</b> NW-NE-SW-NW of 1-24-16E
<b>T.D.:</b> 1048 <b>T.D. of Pipe:</b> 1043	3795 <b>Feet From</b> South
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 43' w/8sx cement	4355 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
32	Soil/Clay	0	32	3	Lime	765	768
90	Shale	32	122	24	Shale	768	792
13	Lime	122	135	8	Lime	792	800
9	Sandy Lime	135	144	58	Shale	800	858
48	Lime	144	192	3	Lime	858	861
63	Shale	192	255	5	Shale	861	866
23	Lime	255	278	2	Lime	866	868
4	Shale	278	282	1	Shale	868	869
61	Lime	282	343	5	Lime	869	874
5	Lime w/ sh strks	343	348	13	Shale	874	887
55	Sandy Lime	348	403	4	Lime	887	891
2	Black Shale	403	405	2	Black Shale	891	893
2	Lime	405	407	34	Shale	893	927
23	Shale	407	430	3	Lime	927	930
3	Lime	430	433	3	Shale	930	933
4	Shale	433	437	2	Black Shale	933	935
80	Lime w/ sh strks	437	517	5	Shale	935	940
4	Shale	517	521	4	Lime	940	944
18	Lime	521	539	36	Shale	944	980
4	Shale	539	543	1	Lime	980	981
2	Black Shale	543	545	2	Shale	981	983
3	Shale	545	548	1	Lime	983	984
3	Black Shale	548	551	4	Oil Sand/Bleed	984	995
4	Shale	551	555	53	Shale	995	1048
13	Lime	555	568				
4	Black Shale	568	572		T.D.		1048
20	Lime	572	592		T.D. of 2.875" pipe		1043
173	Shale	592	765				



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#

812811

Invoice Date: 04/05/18

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

JONES #A-10

Tax: 118.67

Total: 2,768.03



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

10352  
10245

TICKET NUMBER 53962  
LOCATION Ottawa, KS  
FOREMAN Casen, Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #812811

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/2/18	3244	Jones # A-10	NW 1	24	16	WO
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>PO Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>729</u>	<u>CasKen</u>	<u>Safety</u>	<u>Maeting</u>
			<u>467</u>	<u>Kei Car</u>		
			<u>503</u>	<u>Kei Det</u>		
			<u>735-T221</u>	<u>Geo Tay</u>		

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1048' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 1043' DRILL PIPE \_\_\_\_\_ TUBING baffle - 10 1/2' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31'  
 DISPLACEMENT 5.86 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 149 sks Portland IA cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.86 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Signature]*

\* Matt Leis

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002		MILEAGE		
CE0711	2/3 min	ton mileage	440.00	
WS2402	n/c	Transport		
		trucks	1940.00	
		%	873.00	
		Subtotal		1067.00
CC5840	149 sks	Portland IA cement	2011.50	
CC5965	450 #	Gel	135.00	
CC5326	313 #	Salt	313.00	
CC6077	745 #	Kalseal	372.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2877.00	
		%	1294.65	
		Subtotal		1582.35
		7.5%	SALES TAX	118.67
			ESTIMATED TOTAL	2768.03

Ravin 3737

AUTHORIZATION Bryan Miller TITLE \_\_\_\_\_ DATE (5032.78)

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