

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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Woodson County, KS
Well: Section 35 A-21
Lease Owner: AltaVista

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

Commenced Spudding:
7/9/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	Soil-Clay	18
132	Shale	150
11	Lime	161
10	Sand	171
3	Shale	174
17	Lime	191
2	Shale	193
19	Lime	212
51	Shale	263
91	Lime	354
3	Shale	357
2	Lime	359
5	Shale & Lime	364
7	Lime	371
2	Shale	373
5	Lime	378
52	Sandy Lime	430
1	Shale	431
2	Lime	433
11	Shale	444
5	Sand	449
1	Lime	450
7	Shale	457
3	Sandy Lime	460
3	Shale	463
6	Lime	469
19	Sand	488
3	Lime	491
5	Shale	496
68	Lime	564
6	Shale	570
20	Lime	590
4	Shale	594
27	Lime	621
160	Shale	781
6	Lime	787
16	Shale	803
11	Lime	814
8	Shale	822
10	Sand	832

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-21

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
0-18	soil - clay	18	sandy
132	Shale	150	
11	Lime	161	
10	sand	171	water
3	Shale	174	
17	Lime	191	
2	Shale	193	
19	Lime	212	
51	Shale	263	
91	Lime	354	
3	Shale	357	
2	Lime	359	
5	shale & Lime	364	
7	Lime	371	
2	Shale	373	
5	Lime	378	
52	sandy Lime	430	white - water
1	Shale	431	
2	Lime	433	
11	Shale	444	
5	sand	449	grey - no oil
1	Lime	450	
7	Shale	457	
3	sandy Lime	460	
3	Shale	463	
6	Lime	469	sandy
19	Sand	488	grey - no oil

488

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	491	
5	Shale	496	
68	Lime	564	
6	Shale	570	
20	Lime	590	
4	Shale	594	
27	Lime	621	Hertha
160	Shale	781	
6	Lime	787	
16	Shale	803	
11	Lime	814	oil show
8	Shale	822	
10	Sand	832	grey - no oil
43	Shale	875	
1	Lime	876	
4	Shale	880	
10	Lime	890	
14	Shale	904	
4	Lime	908	
16	Shale	924	
4	Lime	928	
19	Shale	947 947	
3	Lime	950	
11	Shale	961	
2	Lime	963	
4	Shale	967	
7	Sand	974	broken - good Oil show would make gas well



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# 813640

Invoice Date: 07/18/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128 SECTION 35 #A-21
 WELLSVILLE KS 66092
 USA
 7858834057

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
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)	111.000	13.5000	45.000	824.18
CC5965	Bentonite	386.000	0.3000	45.000	63.69
CC5326	Sodium Chloride, Salt	233.000	1.0000	45.000	128.15
CC6077	Kolseal	555.000	0.5000	45.000	152.63
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 4,529.80
 Discounted Amount 2,038.41
 SubTotal After Discount 2,491.39

Amount Due 4,692.54 If paid after 08/17/18

Tax: 89.50
 Total: 2,580.90



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

SM-11126
PO-17374
FT-11013

TICKET NUMBER 54054
LOCATION Ottawa, KS
FOREMAN Casay Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813640

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/11/18	3244	Section 35 # A-21	SE35	23	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>666092</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>558</u>	<u>Ala Mad</u>	<u>✓ Safety</u>	<u>Maeting</u>	
		<u>467</u>	<u>Kei Car</u>	<u>✓</u>		
		<u>675</u>	<u>Kei Det</u>	<u>✓</u>		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1057' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.12 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety maeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 5 sks Pozblend IA cement w/ 270 gel, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.12 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	—	MILEAGE		
CE0711	min	ten mileage	660.00	
WE0853	2 hrs	80 vac	200.00	
		trucks	2300.00	
		- 45%	1062.00	
		Subtotal		1298.00
CC5840	111 Sk	Pozblend IA cement	1498.50	
CC5965	386 #	Gel	115.80	
CC5326	233 #	Salt	233.00	
CC16077	555 #	Kolseal	277.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2109.80	
		- 45%	976.41	
		Subtotal		1193.39
		SCANNED		
		<u>7-12-AM</u>		
		7.5%	SALES TAX	89.50
			ESTIMATED TOTAL	2580.90
				(4692.54)

Ravin 3737

AUTHORIZATION Bryan Miller 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.