KOLAR Document ID: 1424688

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
<ul><li>☐ CM (Coal Bed Methane)</li><li>☐ Cathodic</li><li>☐ Other (Core, Expl., etc.):</li></ul>	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:

KOLAR Document ID: 1424688

#### Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.go\	. Digital electronic log	
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		R			New Used	on, etc.			
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I			
Purpose:		epth Ty	pe of Cement	# Sacks Used	Used Type and Percent Additives				
Protect Casi									
Plug Off Zon									
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (	,	
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom	
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze  I of Material Used)	Record	
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5213 (1200) 10.	JIEG.			. 30.0.71					

Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	SECTION 35 A-30
Doc ID	1424688

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.25	7	24	40	Portland	12	NA
Production	5.875	2.875	6.5	1105	50/50 Poz	132	See Ticket

## **DRILLERS LOG**

					****			_					
API NO:	15 - 207	- 29581 - 00	- 00		_				S. 35	T. 23	R. 16	<u>E.</u>	W.
OPERATOR:	ALTAVIS	TA ENERGY	INC		_				L	OCATION:	NW NE	SE SE	
									ļ	COUNTY:	WOODS	ON	
ADDRESS:	4595 K-3	3 HWY, P.O.	BOX 128,	WELLSVIL	LE, KS 66	092				ELEV. GR.:	1054		
WELL #:	A - 30	_	LEAS	E NAME:	SECTION	35				DF:		_ кв:	5
FOOTAGE LOC	ATION:	1250	FEET	FROM	(N)	<u>(S)</u>	LINE	385	FEET	FROM	<u>(E)</u>	(W)	LINE
CONTR	ACTOR:	FINNEY DR	ILLING CO	MPANY				GEO	LOGIST:	DOUG EV	/ANS	, <u> </u>	
SPUE	DATE:	7/16/2	018					TOTAL	L DEPTH:	1108	•	P.B.T.D.	
DATE COM	PLETED:	7/18/2	018					OIL PUR	CHASER:	COFFEYVILI	E RESOURC	ES CRUDE TE	RANSPORTAT
				C,	ASING	RECO	RD						<del>-</del>

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	28	40		12	i.
PRODUCTION:	5.8750	2.8750 8rd	6.5	1105.45		120	CEMENT BY SERVICE COMPANY

## **WELL LOG**

CORES: # NONE

RECOVERED: ACTUAL CORING TIME: RAN: 1 - FLOAT SHOE

1 - BAFFLE

1 - SEATING NIPPLE

1 - CLAMP

3 - CENTRALIZERS

TOP SOIL CLAY SHALE LIME SAND & LIME LIME SHALE LIME SHALE LIME SHALE	0 3 12 167 180 187 227 268 301	3 12 167 180 187 227 268 301
SHALE LIME SAND & LIME LIME SHALE LIME	12 167 180 187 227 268	167 180 187 227 268
LIME SAND & LIME LIME SHALE LIME	167 180 187 227 268	167 180 187 227 268
SAND & LIME LIME SHALE LIME	180 187 227 268	187 227 268
LIME SHALE LIME	187 227 268	227 268
SHALE LIME	227 268	268
LIME	268	
		201
SHALE	201	1 201
	301	305
LIME	305	387
SHALE	387	389
LIME	389	444
SHALE	444	455
LIME	455	461
SHALE	461	463
LIME	463	474
SAND & SHALE	474	478
LIME	478	484
SHALE	484	486
SHALE & LIME	486	499
SHALE	499	510
KC LIME	510	574
SHALE	574	579
KC LIME	579	603
SHALE	603	606
KC LIME	606	627
SHALE	627	629
LIME	629	633
BIG SHALE	633	795
LIME	795	800
SHALE	800	819
LIME	819	827
SHALE	827	829
LIME	829	832
SAND & SHALE	832	870
SHALE	870	891
LIME	891	895
SHALE	895	897
LIME	897	912
SHALE	912	921
LIME	921	925
	<u> </u>	<del></del>

FORMATION	TOP	вотто	М
SHALE	925	943	7
LIME	943	947	
SAND & SHALE	947	963	1
LIME	963	968	
SHALE	968	970	
LIME	970	972	
SAND & SHALE	972	978	
LIME	978	981	
SAND & SHALE	981	998	
CAP LIME	998	999	Ī
SAND & SHALE	999	1001	NO SHOW
SAND & SHALE	1001	1003	NO SHOW
SAND & SHALE	1003	1005	NO SHOW
SAND & SHALE	1005	1007	NO SHOW
SAND & SHALE	1007	1010	NO SHOW
SAND & SHALE	1010	1014	NO SHOW
SAND & SHALE	1014	1016	NO SHOW
CAP ROCK	1016	1017	1
SAND & SHALE & LIME	1017	1019	NO SHOW
SAND & SHALE	1019	1022	GOOD SHOW FREE OIL
SAND OIL	1022	1025	GOOD SHOW
GOOD SAND	1025	1028	FREE OIL
SAND	1028	1030	FREE OIL GOOD SHOW
OIL SAND	1030	1032	FREE OIL GOOD SHOW
SAND & SHALE	1032	1035	NO SHOW
SAND & SHALE	1035	1081	
LIME	1081	1083	
SHALE	1083	1108 T.D.	
-			
-			
· · · · · · · · · · · · · · · · · · ·			
-			
<u></u>			



### **REMIT TO**

**QES Pressure Pumping LLC** 

P.O.Box884 Chanute, KS 66720 620/431-9210,1-800/467-8676 Fax 620/431-0012

MAIN OFFICE

Dept:970 P.O.Box 4346 Houston, TX 77210-4346

813682 Invoice# Invoice

Invoice Date: 07/24/18 Terms: Net 30 Page

ALTAVISTA ENERGY INC

**PO BOX 128** 

WELLSVILLE KS 66092

USA

7858834057

**SECTION 35 #A-30** 

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	40.000	7.1500	45.000	157.30
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
WS2402	Water Transport (Cement Service)	2.000	120.0000	45.000	132.00
CC5840	Poz-Blend I A (50:50)	132.000	13.5000	45.000	980.10
CC5965	Bentonite	322.000	0.3000	45.000	53.13
CC5326	Sodium Chloride, Salt	277.000	1.0000	45.000	152.35
CC6077	Kolseal	660.000	0.5000	45.000	181.50
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

SubTotal After Discount 2,869.13

Amount Due 5,406.40 If paid after 08/23/18

Tax:

Subtotal

Discounted Amount

104.39

5,216.60

2,347.47

Total: 2,973.52



620-431-9210 or 800-467-8676

PRESSURE PUMPING LLC PO Box 884, Chanute, KS 66720

Sm-11153 10-17398 FT-11039

ticket NUMBER 54061
LOCATION OHawa &
FOREMAN Casey Kennedy
ORT 194044813682

**FIELD TICKET & TREATMENT REPORT** CEMENT

DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7/18/18	3244	Section	× 35 # A	4-30	SE 35	23	16	wo
CUSTOMER	avista Eu				TPUOY #	Loower	TOUGH #	
MAILING ADDRE	SS	77			TRUCK#	Casken	So feel	DRIVER
Po	Box 128	7			41.71	Kar	Sorter	Maetin
CITY		STATE	ZIP CODE		503/	HarBec	-	
Wells	ville	KS	66092		505-7106	Kei Dot	1	
JOB TYPE TOP		HOLE SIZE	<u> </u>	HOLE DEPTH	1112	CASING SIZE &	WEIGHT 27/	" EVE
CASING DEPTH	1 17	DRILL PIPE			Ale-107	6	OTHER	
SLURRY WEIGH		SLURRY VOL			k		casing 29	7
DISPLACEMENT	4.23 bbb			MIX PSI		RATE COO	3/10/15 4	bem
REMARKS: LA	ld safety	meeting	establi	ished a	rculation		+ asma	1 10 - 1
300 follo	wed by.	5 bblo of			rixed to		32 54	Postlera
14 come	ut wil 2	% gel,	5% Sa	4.+5			ceme	it to
surface	flushed		clean, p			oper dua	to bottle	2 40/
6.23 Md	s Kesh	water.	pressure			released	l pressul	è to
set flo	et value							
						$\sim$		
		***************************************					10	
							1	
			γ		****	( /	. /	
ACCOUNT CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
CE0450	- 1		PUMP CHARGE				1500,00	/
Econs.	40	mi	MILEAGE				286.00	
CE0711	min		ten n	ileage			10100,00	1.
WS2402	/ 2	has	Transp				24000	
			avery	<del></del>	trucks	<u> </u>	268,00	
					-40	7	1208.70	
	***	***************************************			61	Wotal	13.00.10	1477.30
C 5840	132	sks	Porble	ad 14	coment	Digiax	1782.00	111100
C 5965	/ 322	#	6.0	<u> </u>	L& Local		96.60	,
CS324	277		CAA				277 00	
		<del>"</del>	Vicas	0			330.00	
CC6077	leleo	¥	Holsea	1 10			4000	
CT 8170		***************************************	2/2	ubber p	ر و		2530.60	***************************************
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						ubtotal	11.30.17	1391.83
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	2000 - 1100 h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************		7.5%	SALES TAX	104.39
Ravin 3737						1 - 3 16	ESTIMATED	79725
								~// Y 2 \
AUTHORIZTION_	1.	Bu M	711,				DATE	=11.0

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.