

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 _____ 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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Soodson County, KS
Well: Section 35 A-28
Lease Owner: AltaVista

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

Commenced Spudding:
7/19/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
150	Shale	165
10	Lime	175
8	Sand	183
3	Shale	186
13	Lime	199
4	Shale	203
20	Lime	223
25	Shale	248
118	Lime	366
3	Shale	369
21	Lime	390
52	Sandy Lime	442
11	Shale	453
7	Sand	460
4	Shale	464
8	Lime	472
16	sand	488
6	Shale	494
8	Sand	502
7	Shale	509
70	Lime	579
3	Shale	582
22	Lime	604
1	Shale	605
21	Lime	626
3	Shale	629
3	Lime	632
164	Shale	796
8	Lime	804
16	Shale	820
9	Lime	829
8	Shale	837
10	Sand	847
44	Shale	891
2	Lime	893
4	Shale	897
11	Lime	908
13	Shale	921
4	Lime	925

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. A-28

Farm Section 35

KS Woodson
(State) (County)

35 23 16
(Section) (Township) (Range)

For Alternative Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Section 35 Farm: Watson County
K5 State; Well No. A-28
Elevation 1067
Commenced Spuding 7-19 20 18
Finished Drilling 7-23 20 18
Driller's Name Wesley Dalgard
Driller's Name Ryan Ward
Driller's Name _____
Tool Dresser's Name _____
Tool Dresser's Name _____
Tool Dresser's Name _____
Contractor's Name JOS
35 23 16

(Section) (Township) (Range)
Distance from S line, 165 ft.
Distance from E line, 1550 ft.

6 sacks
13 hrs
5 7/8 barrel
2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 40 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
1014		Seal nipple			
1082		B.P. 1c			
1111		Fluor			
1120	TD	27/8			
1120	TD	27/8			

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil - clay	15	
150	Shale	165	
10	Lime	175	
8	Sand	183	water
3	Shale	186	
13	Lime	199	
4	Shale	203	
20	Lime	223	
25	Shale	248	
118	Lime	366	
3	Shale	369	
21	Lime	390	
52	Sandy Lime	442	white
11	Shale	453	
7	Sand	460	
4	Shale	464	
8	Lime	472	
16	Sand	488	oil show - slight
6	Shale	494	
8	Sand	502	no oil
7	Shale	509	
70	Lime	579	
3	Shale	582	
22	Lime	604	
1	Shale	605	
21	Lime	626	
3	Shale	629	

629

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	632	
164	Shale	796	
8	Lime	804	
16	Shale	820	
9	Lime	829	
8	Shale	837	
10	sand	847	grey - no oil
44	Shale	891	
2	Lime	893	
4	Shale	897	
11	Lime	908	
13	Shale	921	
4	Lime	925	
15	Shale	940	
5	Lime	945	
14	Shale	959	
5	Lime	964	
10	Shale	974	
3	Lime	977	
35	sandy shale	1012	
1	Lime	1013	
1	sand	1014	no oil - odor
1	Shale	1015	
1	Lime	1016	
1	sand	1017	no oil
10	sand	1027	mostly solid - good oil show
93	sandy shale	1120	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#

813694

Invoice Date: 07/25/18

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

SECTION 35 #A-28

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
WE0853	80 BBL Vacuum Truck (Cement Services)	2.500	100.0000	45.000	137.50
CC5840	Poz-Blend I A (50:50)	118.000	13.5000	45.000	876.15
CC5965	Bentonite	398.000	0.3000	45.000	65.67
CC5326	Sodium Chloride, Salt	248.000	1.0000	45.000	136.40
CC6077	Kolseal	590.000	0.5000	45.000	162.25
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 4,996.40
 Discounted Amount 2,248.38
 SubTotal After Discount 2,748.02

Amount Due 5,168.93 If paid after 08/24/18

Tax: 94.89
 Total: 2,842.91



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

JM-11177
PO-17436
FT-11064

TICKET NUMBER **54083**

LOCATION Chanute, KS

FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813694

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7/23/18	3244	Section 35 # A-28	SE 35	23	16	WGO	
CUSTOMER							
Attavista Energy							
MAILING ADDRESS							
PO Box 128							
CITY		STATE	ZIP CODE				
Wellsville		KS	666092				
TRUCK #		DRIVER		TRUCK #		DRIVER	
729		Casper		Safety		Manning	
467		KeiCar					
558		Ricky		Brothers			
675		KeiDet					

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1120' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1111.7' DRILL PIPE _____ TUBING baffle - 1079.9' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31.8'
 DISPLACEMENT 6.25 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 118' sks Pozblend 1A cement w/ 2% gel, 5% salt, + 5# Kalseal per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to baffle w/ 6.25 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	40 mi	MILEAGE	286.00	
CE07U	min \$	ten mileage	100.00	
WE0853	2.5 hrs	80 Vac	250.00	
		trucks	2106.00	
		-45%	1213.20	
		Subtotal		1482.80
CC5840	118 sks	Pozblend 1A cement	1593.00	
CC5965	398 #	Gel	119.40	
CC5326	248 #	Salt 1.00	248.00	
CC6077	590 #	Kalseal .50	295.00	
CP8176	1	2 1/2" rubber plug	45.00	
		Materials	2300.40	
		-45%	1035.18	
		Subtotal		1265.22
		7.5%		94.89
		SALES TAX		94.89
		ESTIMATED TOTAL		2842.91
				(5168.93)

SCANNED
7-24 AM

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.