

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 AI-23
Lease Owner:AltaVista

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

Commenced Spudding:
8/13/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	Soil-Clay	18
120	Shale	138
10	Lime	148
9	Sand	157
3	Shale	160
16	Lime	176
1	Shale	177
19	Lime	196
46	Shale	242
97	Lime	339
4	Shale	343
3	Lime	346
3	Shale	349
7	Lime	356
3	Shale	359
4	Lime	363
52	Sandy Lime	415
2	Lime	417
13	Shale	430
4	Sand	434
2	Lime	436
3	Shale	439
4	Lime	443
3	Shale	446
6	Lime	452
19	Sand	471
1	Shale	472
3	Lime	475
6	Shale	481
68	Lime	549
5	Shale	554
22	Lime	576
4	Shale	580
22	Lime	602
2	Shale	604
4	Lime	608
161	Shale	769
4	Lime	773
20	Shale	793
10	Lime	803

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 $BPH \times PSI \times .0004$

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. AI-23

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: Woolson County
KS State; Well No. AL-23

Elevation 1033

Commenced Spudding 8-13 20 18

Finished Drilling 8-14 20 18

Driller's Name Wesley Dillard

Driller's Name Ryan Ward

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

35 23 14

(Section) (Township) (Range)
 Distance from S line, 1485 ft.

Distance from E line, 1155 ft.

5 sacks
 12 hrs
 5 5/8 bore hole
 2 7/8 casing

**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/8" Set 400 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
1042		Bore			
1071		Feet		7	1/8
1100		TD		2	1/8

Thickness of Strata	Formation	Total Depth	Remarks
0-18	soil - clay	18	
120	shale	138	
10	Lime	148	
9	sand	157	water
3	shale	160	
16	Lime	176	
1	shale	177	
19	Lime	196	
46	shale	242	
97	Lime	339	
4	shale	343	
3	Lime	346	
3	shale	349	
7	Lime	356	
3	shale	359	
4	Lime	363	
52	sandy lime	415	water
2	Lime	417	
13	shale	430	
4	sand	434	no oil
2	Lime	436	
3	shale	439	
4	Lime	443	
3	shale	446	
6	Lime	452	
19	sand	471	no oil
1	shale	472	

472

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	475	
6	Shale	481	
68	Lime	549	
5	Shale	554	
22	Lime	576	
4	Shale	580	
22	Lime	602	
2	Shale	604	
4	Lime	608	
161	Shale	769	
4	Lime	773	
20	Shale	793	
10	Lime	803	
6	Shale	809	
10	Sand	819	no oil
44	Shale	863	
4	Lime	867	
2	Shale	869	
10	Lime	879	
15	Shale	894	
4	Lime	898	
14	Shale	912	
5	Lime	917	
16	Shale	933	
4	Lime	937	
13	Shale	950	
1	Lime	951	

951

Thickness of Strata	Formation	Total Depth	Remarks
5	shale	956	
11	sand	967	broken - good saturation
24	sandy shale	991	
1	Lime	992	
10	sand	1002	mostly solid - good saturation
98	sandy shale	1100	T.D.



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# 813906

Invoice Date: 08/21/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

SECTION 35 #AI-23

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)	3.000	100.0000	45.000	165.00
CC5840	Poz-Blend I A (50:50)	130.000	13.5000	45.000	965.25
CC5965	Bentonite	318.000	0.3000	45.000	52.47
CC5326	Sodium Chloride, Salt	273.000	1.0000	45.000	150.15
CC6077	Kolseal	650.000	0.5000	45.000	178.75
CC6128	Mud Flush - C	1.000	25.0000	45.000	13.75
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 5,264.40
 Discounted Amount 2,368.98
 SubTotal After Discount 2,895.42

Amount Due 5,453.28 If paid after 09/20/18

Tax: 103.88
 Total: 2,999.30



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

3m - 11380
PO - 17758
FT - 11267

TICKET NUMBER 54102
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 83906

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/16/18	3244	Section 35 # A1-23	SE 35	23	16	WO
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / CasKen ✓ Safety Meeting			
CITY STATE ZIP CODE Wellsville KS 66092			467 / KeiCar ✓			
			503 / AlMad ✓			
			675 / KeiDot ✓			

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1100' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 1071' DRILL PIPE _____ TUBING baffle - 1042' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29'
DISPLACEMENT 6.03 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Mud Flush C Polymer & circulated to condition hole, mixed & pumped 100 # gel followed by 5 bbls fresh water, mixed & pumped 130 sks Pozblend 1A 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/ 6.03 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
CECH50	1	PUMP CHARGE	1500.00	
CE0002	40 mi	MILEAGE	286.00	
CE0711	min	ton mileage	660.00	
WE0853	3 hrs	80 Vac	300.00	
		trucks	2746.00	
		-45%	1235.70	
		subtotal		1510.30
CC5840	130 sks	Pozblend 1A cement	1755.00	
CC5965	318 #	Gel	95.40	
CC5326	273 #	Salt	273.00	
CC6077	650 #	Kalseal	325.00	
CP8176	1	2 1/2" rubber plug	45.00	
CC6128	1/2 gal	Mud Flush C Polymer	25.00	
		materials	2518.40	
		45% subtotal	1133.28	
		7.5%		103.88
		SALES TAX		103.88
		ESTIMATED TOTAL		2999.30
				(5453.28)

SCANNED

AUTHORIZATION Bryan Mills 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.