

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 AI-29
Lease Owner:AltaVista

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

Commenced Spudding:
8/9/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-16	Soil-Clay	16
141	Shale	157
7	Lime	164
5	Limey Sand	169
6	Shale	175
44	Lime	219
42	Shale	261
29	Lime	290
2	Shale	292
19	Lime	311
3	Shale	314
44	Lime	358
2	Shale	360
22	Lime	382
45	Lime	427
5	Brown Lime	432
10	Shale	442
6	Sand	448
4	Shale	452
13	Lime	465
13	Sand	478
22	Shale & Lime	500
64	Lime	564
5	Shale	569
21	Lime	590
4	Shale	594
27	Lime	621
164	Shale	785
5	Lime	790
17	Shale	807
10	Lime	817
10	Shale	827
8	Sand	835
46	Shale	881
2	Lime	883
5	Shale	888
7	Lime	895
14	Shale	909
3	Lime	912
22	Shale	934

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-29

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
0-16	Soil - clay	16	
141	Shale	157	
7	LIME	164	
5	limey sand	169	
6	Shale	175	
44	Lime	219	
42	Shale	261	
29	LIME	290	
2	Shale	292	
19	Lime	311	
3	Shale	314	
44	Lime	358	
2	Shale	360	
22	Lime	382	
45	Lime	427	shells - water
5	brown Lime	432	
10	Shale	442	
6	sand	448	no oil
4	Shale	452	
13	Lime	465	
13	sand	478	no oil
22	shale & Lime	500	
64	Lime	564	
5	Shale	569	
21	Lime	590	
4	Shale	594	
27	Lime	621	

621

Thickness of Strata	Formation	Total Depth	Remarks
1104	Shale	785	
5	Lime	790	
17	Shale	807	
10	Lime	817	
10	Shale	827	
8	Sand	835	
46	Shale	881	grey - no oil
2	Lime	883	
5	Shale	888	
7	Lime	895	
14	Shale	909	
3	Lime	912	
22	Shale	934	
4	Lime	938	
10	Shale	948	
4	Lime	952	
3	Shale	955	
2	Lime	957	
7	Shale	964	
2	Lime	966	
5	Shale & Lime	971	
31	Sandy shale	1002	
1	Lime	1003	
2	Shale	1005	
1	Lime	1006	
8	Sand	1014	mostly solid - good saturation
2	Sand	1016	grey - no oil



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# 813872

Invoice Date: 08/17/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
PO BOX 128
WELLSVILLE KS 66092
USA
7858834057

SECTION 35 #AI-29

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)	2.500	120.0000	45.000	165.00
CC5840	Poz-Blend I A (50:50)	124.000	13.5000	45.000	920.70
CC5965	Bentonite	308.000	0.3000	45.000	50.82
CC5326	Sodium Chloride, Salt	260.000	1.0000	45.000	143.00
CC6077	Kolseal	620.000	0.5000	45.000	170.50
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 5,152.40
Discounted Amount 2,318.58
SubTotal After Discount 2,833.82

Amount Due 5,332.88 If paid after 09/16/18

Tax: 99.27
Total: 2,933.09



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

SM-11346
PO-17706
FT-11233

TICKET NUMBER 55453

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813512

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
8/13/18	3244	Section 35 # AI-29	SE35	23	16	WO			
CUSTOMER Attavista Energy									
MAILING ADDRESS PO Box 128									
CITY Wellsville		STATE KS	ZIP CODE 66092						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Casey Kennedy		Safety Meeting			
		467		Kei Par					
		558		Alamad					
		505-7106		Har Bec					

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 1120' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1106 DRILL PIPE TUBING Baffle - 1074' OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 32'
 DISPLACEMENT 6.22 bbls DISPLACEMENT PSI MIX PSI RATE 46rpm

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 124 sks Pozblend 1A cement w/ 2% gel, 5% salt, & 5 # Kolsal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.22 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	40 mi	MILEAGE	286.00	
CE0711	min	for mileage	660.00	
WS2402	2.5 hrs	transport	300.00	
		trucks	2746.00	
		- 45%	1235.70	
		Subtotal		1510.30
CC5840	124 sks	Pozblend 1A cement	1674.00	
CC5965	308 #	Gel	92.40	
CC5326	260 #	Salt	260.00	
CC6077	620 #	Kolsal	310.00	
CP8176	1	2 1/2" rubber plug	45.00	
CC6128	1/2 gal	Mud Flush C Polymer	25.00	
		materials	2406.40	
		- 45%	1082.88	
		Subtotal		1323.52
		7.5%		99.27
		SALES TAX		99.27
		ESTIMATED TOTAL		2933.09
				(5332.88)

SCANNED

Revin 3737

AUTHORIZATION Byron 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.