

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 Recompletion Date _____ 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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Woodson County, KS
Well: Strahm West AI-30
Lease Owner: AltaVista

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

Commenced Spudding:
9/12/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-19	Soil-Clay	19
143	Shale	162
15	Lime	177
5	Sand	182
15	Lime	197
5	Shale	202
22	Lime	224
11	Shale	235
134	Lime	369
4	Shale	373
19	Lime	392
52	Lime	444
36	Shale	480
1	Lime	481
19	Shale	500
2	Lime	502
9	Shale	511
18	Lime	529
1	Shale	530
48	Lime	578
8	Shale	586
25	Lime	611
4	Shale	615
26	Lime	641
163	Shale	804
8	Lime	812
17	Shale	829
9	Lime	838
8	Shale	846
14	Sand	860
40	Shale	900
2	Lime	902
5	Shale	907
9	Lime	916
13	Shale	929
4	Lime	933
14	Shale	947
7	Lime	954
12	Shale	966
9	Lime	975

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. AI-30

Farm Strahm West

KS Woodson
(State) (County)

11 24 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
0-19	Soil - clay	19	
143	Shale	162	
15	Lime	177	
5	sand	182	
15	Lime	197	
5	Shale	202	
22	Lime	224	
11	Shale	235	
134	Lime	369	
4	Shale	373	
19	Lime	392	
52	Lime	444	shells
36	Shale	480	
1	Lime	481	
19	Shale	500	
2	Lime	502	
9	Shale	511	
18	Lime	529	
1	Shale	530	
48	Lime	578	
8	Shale	586	
25	Lime	611	
4	Shale	615	
26	Lime	641	
163	Shale	804	
8	Lime	812	
17	Shale	829	

829

Thickness of Strata	Formation	Total Depth	Remarks
9	Lime	838	
8	Shale	846	
14	sand	860	grey - no oil
40	shale	900	
2	Lime	902	
5	Shale	907	
9	Lime	916	
13	Shale	929	
4	Lime	933	
14	Shale	947	
7	Lime	954	
12	Shale	966	
9	Lime	975	
12	Shale	987	
10	sand	997	odor - slight oil show
24	sandy shale	1021	
1	Lime	1022	
3	Shale	1025	
8	sand	1033	mostly solid - good saturation
107	sandy shale	1140	TD



PRESSURE PUMPING LLC

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# 814137

Invoice Date: 09/19/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
PO BOX 128
WELLSVILLE KS 66092
USA
7858834057

STRAHM WEST #AI 30

Table with 6 columns: Part No, Description, Quantity, Unit Price, Discount(%), Total. Rows include items like Cement Pump Charge, Minimum Cement Delivery Charge, 80 BBL Vacuum Truck, Poz-Blend I A, Bentonite, Sodium Chloride, Salt, Kolseal, 2 7/8" Top Rubber Plug, and Mud Flush - C.

Subtotal 5,090.50
Discounted Amount 2,290.73
SubTotal After Discount 2,799.77

Amount Due 5,291.54 If paid after 10/19/18

Tax: 110.57
Total: 2,910.35



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

11899
11486

Invoice #814137

TICKET NUMBER 55478

LOCATION Orthway, KS

FOREMAN Jim Grech

FIELD TICKET & TREATMENT REPORT
CEMENT

Jim Grech

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
09.14.18	3244	Straham West #AT 30	HW 11	24	16	WO
CUSTOMER			TRUCK #			
ALYONESTA Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
PO Box 128			DRIVER			
CITY		STATE	ZIP CODE			
Wellsuite		KS	66092			

JOB TYPE <u>Long String</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1140'</u>	CASING SIZE & WEIGHT <u>2 7/8"</u>
CASING DEPTH <u>1120'</u>	DRILL PIPE <u>Baffle 1090'</u>	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Held Safety Meeting. Established Circulation. Mix and pump 1/2" GAL Mud Flush C Polymer. Circulated to condition hole. Mix and pump 100' gal Followed with 5 BBL Fresh water. Mix and pump 140 SK Poz-Bleed IA with 2" gal, 5" gal, 5" KOI-seal. Cement to Surface. Flush Pump clear of cement. Pump 2 7/8" rubber plug to baffle. Pressure up to 600 PSI well held set floor water.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0950	1	PUMP CHARGE	1500.00	
CE0002X	0	MILEAGE		
CE0711	Min	Trip Mileage	660.00	
WE0853	2 1/2	80 / VAC	280.00	
		Trucker	2410.00	
		- 45%	1084.50	
		Sub Total		1325.50
CC584N	140 sk	Poz Bleed IA Cement	1890.00	
CC59651	335"	GAL	100.50	
CC53261	270"	Salt	270.00	
CC60771	700"	KOI-Seal	350.00	
CP81761	one	2 7/8" rubber Plug	45.00	
CC6128	1/2 GAL	Mud Flush C Polymer	25.00	
		Materials	2680.50	
		- 45%	1206.23	1474.28
		SALES TAX 7.5%		110.57
		ESTIMATED TOTAL		2910.85

SCANNED

Ravin 3737

AUTHORIZATION Bryan Miller

TITLE

DATE

(52 9154)

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.