

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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# DRILLERS LOG

API NO: 15 - 207 - 29675 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: AI - 32

LEASE NAME: STRAHM WEST

S. 11 T. 24 R. 16 E. W.

LOCATION: NE SW NE NW

COUNTY: WOODSON

ELEV. GR.: 1056

DF: \_\_\_\_\_ KB: 5

FOOTAGE LOCATION: 4470 FEET FROM (N) (S) LINE 3500 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: DOUG EVANS

SPUD DATE: 9/12/2018

TOTAL DEPTH: 1111 P.B.T.D. \_\_\_\_\_

DATE COMPLETED: 9/14/2018

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

## CASING RECORD

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	24	40	I	12	MIXED BY RIG
PRODUCTION:	5.8750	2.8750 BRD	6.5	1104.85	131		SERVICE COMPANY

## WELL LOG

CORES: # NONE

RAN: 1 - FLOAT SHOE

RECOVERED: \_\_\_\_\_

1 - BAFFLE

ACTUAL CORING TIME: \_\_\_\_\_

1 - CLAMP

3 - CENTRALIZERS

FORMATION	TOP	BOTTOM
TOP SOIL	0	2
CLAY	2	13
SHALE	13	152
LIME	152	190
SHALE	190	196
LIME	196	215
SHALE	215	231
LIME	231	316
SHALE	316	322
LIME	322	370
LIME & SHALE	370	376
LIME	376	383
SHALE & LIME	383	395
LIME	395	441
SHALE	441	449
LIME	449	451
SHALE	451	455
LIME	455	469
SHALE	469	472
LIME	472	476
SAND & SHALE	476	485
LIME & SHALE	485	499
SHALE	499	504
LIME & SHALE	504	508
KC LIME	508	575
SHALE	575	580
KC LIME	580	581
SHALE	581	582
KC LIME	582	603
SHALE	603	608
KC LIME	608	635
BIG SHALE	635	657
LIME	657	659
SHALE	659	798
LIME	798	803
SHALE	803	822
LIME	822	833
SHALE	833	834
LIME	834	836
SHALE	836	858
SAND	858	868

FORMATION	TOP	BOTTOM
SHALE & SAND	868	884
LIME	884	896
SHALE	896	900
LIME	900	912
SHALE	912	924
LIME	924	927
SHALE & SAND	927	942
LIME	942	950
SHALE	950	962
LIME	962	967
SHALE	967	969
LIME	969	971
SHALE	971	977
LIME	977	980
SHALE	980	987
SAND	987	993
SHALE	993	1017
CAP ROCK	1017	1018
SHALE & SAND & LIME	1018	1021
SAND & SHALE	1021	1024
OIL SAND	1024	1027
OIL SAND & SHALE	1027	1030
SAND & SHALE	1030	1032
SAND & SHALE	1032	1074
LIME	1074	1076
SHALE	1076	1111 T.D.

LIGHT  
  
OIL SHOW  
GOOD SHOW  
GOOD SHOW  
NO SHOW



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# 814138

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

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

STRAHM WEST AI-32

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)	137.000	13.5000	45.000	1,017.23
CC5965	Bentonite	330.000	0.3000	45.000	54.45
CC5326	Sodium Chloride, Salt	265.000	1.0000	45.000	145.75
CC6077	Kolseal	685.000	0.5000	45.000	188.38
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 5,297.00  
 Discounted Amount 2,383.65  
 SubTotal After Discount 2,913.35

Amount Due 5,492.08 If paid after 10/19/18

Tax: 107.30  
 Total: 3,020.66



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

11602  
11488

Invoice #814136

TICKET NUMBER 55479

LOCATION Ottawa, KS

FOREMAN Jim Grech

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
09-14-18	3244	Strahm West #132 NW 11		24	16	WO				
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER		
Alta Vista Energy		6691		Jim Grech						
MAILING ADDRESS		4671		Karl Carl						
PO Box 128		6751		Ker Det						
CITY	STATE	ZIP CODE	8041		Geo Tay					
Wellsville	KS	66092								

JOB TYPE Comp string HOLE SIZE 5 7/8" HOLE DEPTH 1111' CASING SIZE & WEIGHT 2 7/8"  
 CASING DEPTH 110'4" DRILL PIPE Bell 1070' TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Held Safety Meeting. Mix and pump 100' Gel Flush hole  
Mix and pump 137 sac Poz Blend IA 2% Gel, 5% Salt, 5% Hal-Seal  
Flush pump clear of cement. Pump 2 7/8" rubber Plug to total  
depth at baffle. Well held 600" PSI. Set Plug.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	40	MILEAGE	286.00	11440.00
CE0711	Min	Tax Mileage	660.00	660.00
WE0853	2 1/2	Vac TR	250.00	625.00
		Truckr - 45%	2696.00	1213.20
		Sub Total		1482.00
CC5840	13750	Poz Blend IA Cement	1849.50	254002.50
CC5965	330	Gel	99.00	32670.00
CC5326	265	SALT	265.00	70225.00
CC6077	605	Kol-seal	342.50	207212.50
CP8176	One	2 7/8" rubber Plug	450.00	170525.00
		Materials - 45%	2608.00	1170.53
		SCANNED		1430.58
		7.5%	SALES TAX	107.20
			ESTIMATED TOTAL	3020.00
				(3992.08)

Ravin 3737

AUTHORIZATION Buyer Kelly 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