

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](mailto: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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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# 814117

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

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

STRAHM WEST AI-33

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)	2.000	100.0000	45.000	110.00
CC5840	Poz-Blend I A (50:50)	126.000	13.5000	45.000	935.55
CC5965	Bentonite	211.000	0.3000	45.000	34.82
CC5326	Sodium Chloride, Salt	300.000	1.0000	45.000	165.00
CC6077	Kolseal	630.000	0.5000	45.000	173.25
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75
CC5965	Bentonite	100.000	0.3000	45.000	16.50

Subtotal 5,100.30  
 Discounted Amount 2,295.14  
 SubTotal After Discount 2,805.16

Amount Due 5,284.37 If paid after 10/18/18

Tax: 101.24  
 Total: 2,906.41



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

11875  
11461

TICKET NUMBER 55434  
LOCATION OTTAWA, KS  
FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #81417

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-18	3244	STrahm West AI-33	NW 11	24	16	Woodson
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			467 / Keith / Jimmy			
CITY			804 / Brad /			
STATE			675 / Keith D. /			
ZIP CODE			503 / Harold /			
Wellsville						
Ks						
66092						

JOB TYPE LongString HOLE SIZE 5 7/8" HOLE DEPTH 111' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" @ 1102' OTHER Baffle @ 1072'  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30'  
 DISPLACEMENT 6 1/4 Bbls DISPLACEMENT PSI 250 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFET Meeting! Rig up to 2 7/8" Tubing, pumped 7 Bbls water ahead, 4 Bbls gel flush followed with 10 Bbls water spacer. Mixed 126 aka 50/50 Azmix cement w/ 22 gel, 5 1/2 P/SK of KOI-SEAL add 52 SAFET shut down - wash out pump spines - Drop Rubber Plug, displaced plug with 6 1/4 Bbls water. Start pumping 250 psi - Land Plug with 850 psi, wait a few minutes - Release Pressure Float Held. Job complete with good cement returns - 6 Bbls cement slurry to Pit

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450 /	1	PUMP CHARGE	1500.00	1500.00
CE 0002 /	40	MILEAGE	7.15	286.00
CE 0711 /	m/c	Bulk Truck charge	660.00	660.00
WE 0853 /	2 Hrs	Water Truck	100.00	200.00
1807 CC 5840 /	126 sacks	50/50 Azmix cement	13.50	1701.00
CC 5965 /	211 lbs	Gel 22	.30	63.30
CC 5326 /	300 lbs	SAFET 5% water weight	1.00	300.00
CC 6077 /	630 lbs	KOI-SEAL 5 1/2 P/SK	.50	315.00
CP 817L /	1	2 7/8" Top Rubber Plug	45.00	45.00
CC 5765 /	100 lbs	Bentonite - gel Flush	.30	30.00
			Sub Total	5,100.30
			Discount 45%	- 2,295.14
			total	2,805.16
			SALES TAX 7.5	107.21
			ESTIMATED TOTAL	2,906.40
				(5284.97)

SCANNED

Ravin 3737

AUTHORIZATION Dugan 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.