

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	STRAHM WEST WSW-1
Doc ID	1429983

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	28	40	Portland	8	NA
Production	6.75	4.5	10.5	675	50/50 Poz	95	See Ticket

[illegible]



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#

814239

Invoice Date: 09/28/18

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

PO BOX 128
WELLSVILLE KS 66092
USA
7858834057

STRAHM WEST #WSW-1

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	0.500	660.0000	45.000	181.50
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	45.000	110.00
CC5840	Poz-Blend I A (50:50)	95.000	13.5000	45.000	705.38
CC5965	Bentonite	260.000	0.3000	45.000	42.90
CC5326	Sodium Chloride, Salt	200.000	1.0000	45.000	110.00
CC6077	Kolseal	475.000	0.5000	45.000	130.63
CP8178	4 1/2" Top Rubber Plug	1.000	75.0000	45.000	41.25

Subtotal 4,189.00

Discounted Amount 1,885.05

SubTotal After Discount 2,303.95

Amount Due 4,329.48 If paid after 10/28/18

Tax: 77.26

Total: 2,381.22



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

11709
11891
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 55470
LOCATION Ottawa, KS
FOREMAN Carey Kennedy
Invoice #814239

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/27/18	3244	Strahm West # WSW-1	NW 11	24	16	WO
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>PO Box 128</u>						
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>666092</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Car Ken	✓	Safety Meeting
			467	KeiCar	✓	
			804	HarBec	✓	
			675	KeiDet	✓	

JOB TYPE longstring HOLE SIZE 6 3/4" HOLE DEPTH 685' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 675' DRILL PIPE 647' TUBING battle - 647' OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT In CASING 28'
DISPLACEMENT 10.32 bbls DISPLACEMENT PSI MIX PSI RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 #
Gel followed by 5 bbls fresh water, mixed & pumped 95 #s Portland
A cement w/ 5% gel, 5% salt, & 5 # Kolseal per sk, flushed pump
clean, pumped 4 1/2" rubber plug to casing TD w/ 10.32 bbls fresh
water, cement to surface, pressured to 800 PSI, released pressure
to set float valve.

B+8

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE04501	1	PUMP CHARGE	1500.00	
CE00021	40 mi	MILEAGE	286.00	
CE0711	1/2 min	for mileage	330.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2316.00	
		-45%	1042.20	
		Subtotal		1273.80
18241 CC5840	95 sks	Portland IA cement	1282.50	
CC5965	260 #	Gel	78.00	
CC5326	200 #	Salt	200.00	
CC6074	475 #	Kolseal	237.50	
CP8178	1	4 1/2" rubber plug	75.00	
		materials	1873.00	
		-45%	842.85	
		Subtotal		1030.15
		7.5%		
		SALES TAX	77.26	
		ESTIMATED TOTAL		2381.22
				(4329.48)

SCANNED

Revin 3737

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.