

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) (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: Jones AI-2  
Lease Owner: AltaVista

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

Commenced Spudding:  
9/14/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
125	Shale	145
11	Lime	156
17	Sand	173
37	Lime	210
59	Shale	269
25	Lime	294
6	Shale	300
61	Lime	361
4	Shale	365
12	Lime	377
49	Lime	426
8	Shale	434
11	Sand	445
4	Shale	449
110	Lime	559
6	Shale	565
52	Lime	617
165	Shale	782
9	Lime	791
16	Shale	807
9	Lime	816
61	Shale	877
2	Lime	879
4	Shale	883
13	Lime	896
9	Shale	905
4	Lime	909
15	Shale	924
5	Lime	929
16	Shale	945
4	Lime	949
11	Shale	960
1	Lime	961
35	Shale	996
2	Lime	998
1	Shale	999
16	Sand	1015
105	Sandy Shale	1120-TD

# Short Cuts

## TANK CAPACITY

BBLs. (42 gal.) equals  $D^2 \times 14xh$

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-2

Farm Jones

KS Woodson  
(State) (County)

1 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
0-20	Soil-clay	20	
125	Shale	145	
11	Lime	156	
17	Sand	173	
37	Lime	210	
59	Shale	269	
25	Lime	294	
6	Shale	300	
61	Lime	361	
4	Shale	365	
12	Lime	377	
49	Lime	426	Shells
8	Shale	434	
11	Sand	445	no Oil
4	Shale	449	
110	Lime	559	some sand - no Oil
6	Shale	565	
52	Lime	617	
165	Shale	782	
9	Lime	791	
16	Shale	807	
9	Lime	816	
61	Shale	877	some sand - no Oil
2	Lime	879	
4	Shale	883	
13	Lime	896	
9	Shale	905	







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# 814144

Invoice Date: 09/20/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC  
 PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

JONES #AI-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
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)	125.000	13.5000	45.000	928.13
CC5965	Bentonite	310.000	0.3000	45.000	51.15
CC5326	Sodium Chloride, Salt	263.000	1.0000	45.000	144.65
CC6077	Kolseal	625.000	0.5000	45.000	171.88
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75
CC6128	Mud Flush - C	0.500	50.0000	45.000	13.75

Subtotal 4,836.00  
 Discounted Amount 2,176.20  
 SubTotal After Discount 2,659.80

Amount Due 5,017.95 If paid after 10/20/18

Tax: 100.07  
 Total: 2,759.88



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

11610  
11496

TICKET NUMBER 55445  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #81414

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9/18/18	3244	Jones # AI-2	NW1	24	16	WO			
CUSTOMER Altavista Energy									
MAILING ADDRESS PO Box 128									
CITY Wellsville		STATE KS	ZIP CODE 66092						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Cashen		Safety Meeting			
		495		Har. Bec					
		548		Kei Car					
		675		Kei Det					

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1120' CASING SIZE & WEIGHT 2 7/8" EVE  
 CASING DEPTH 1102' DRILL PIPE \_\_\_\_\_ TUBING baffle - 1069 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 33'  
 DISPLACEMENT 6.19 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

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 125 sks Pozblend 1A cement w/ 2% gel, 5% salt, & 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.19 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		MILEAGE		
CE0711	min	ton mileage	660.00	
WE0853	2.5 hrs	PO Vac	250.00	
		trucks	2410.00	
		-45%	1084.50	
		Subtotal		1325.50
CC5840	125 sks	Pozblend 1A cement	1687.50	
CC5965	310 #	Gel	93.00	
CC5326	263 #	Salt	263.00	
CC6077	625 #	Kalseal	312.50	
CP8176	1	2 1/2" rubber plug	45.00	
CC6128	1/2 gal	Mod Flush C Polymer	25.00	
		materials	2426.00	
		-45%	1091.70	
		Subtotal		1334.30
		7.5%		
		SALES TAX		100.07
		ESTIMATED TOTAL		2759.88
				(5017.95)

SCANNED

Ravin 3737  
 AUTHORIZATION Bryan 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.