



KANSAS CORPORATION COMMISSION 1057453  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- 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 ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1057453

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Thickness of Strata	Formation	Total Depth	Remarks
0-25	Clay	25	
71	Shale	96	
2	Red Bed	98	
3	Shale	101	
7	Red Bed	108	
4	Shale/Coal	112	
5	Red Bed	117	
15	Sandy Shale	122	
4	Sand	126	Odor, bleeding little, Gray
10	Sand	136	50% + oil
3	Lime	139	Sand
33	Shale	172	Little sand, 5% oil
4	Lime	176	
7	Shale	183	
10	Lime	193	
5	Shale	198	TIP



**REMIT TO**  
 Consolidated Oil Well Services, LLC  
 Dept. 970  
 P.O. Box 4346  
 Houston, TX 77210-4346

MAIN OFFICE  
 P.O. Box 884  
 Chanute, KS 66720  
 620/431-9210 • 1-800/467-8676  
 FAX 620/431-0012

INVOICE

Invoice # 240533

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 Invoice Date: 04/19/2011 Terms: 0/0/30,n/30 Page 1  
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ALTAVISTA ENERGY INC  
 4595 K-33 HIGHWAY  
 P.O. BOX 128  
 WELLSVILLE KS 66092  
 (785) 883-4057

MIDDAUGH AI-38  
 31845  
 NW 10-19-24 MI  
 04/13/2011  
 KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	10.4500	418.00
1118B	PREMIUM GEL / BENTONITE	168.00	.2000	33.60
1111	GRANULATED SALT (50 #)	78.00	.3500	27.30
1110A	KOL SEAL (50# BAG)	200.00	.4400	88.00
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
368 CASING FOOTAGE	183.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00
503 TON MILEAGE DELIVERY	93.00	1.26	117.18

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 Parts: 608.90 Freight: .00 Tax: 45.97 AR 1837.05  
 Labor: .00 Misc: .00 Total: 1837.05  
 Sublt: .00 Supplies: .00 Change: .00  
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Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK  
 918/338-0808

ELDORADO, KS  
 316/322-7022

EUREKA, KS  
 620/583-7664

GILLETTE, WY  
 307/686-4914

OAKLEY, KS  
 785/672-2227

OTTAWA, KS  
 785/242-4044

THAYER, KS  
 620/839-5269

WORLAND, WY  
 307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

API # 15-121-28854-00-00

TICKET NUMBER 31845

LOCATION Ottawa KS

FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4/13/11	3244	Mildanagh - AI-38	Nw 10	19	24	m1			
CUSTOMER <u>Alta Vista Energy</u>									
MAILING ADDRESS <u>P.O. Box 122</u>									
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>506</u>		<u>Fred</u>		<u>Safety Mtg</u>			
		<u>368</u>		<u>Ken</u>		<u>KIT</u>			
		<u>369</u>		<u>Arlen</u>		<u>ARM</u>			
		<u>503</u>		<u>Devek</u>		<u>DM</u>			

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 178 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 188 DRILL PIPE Baffle TUBING 163 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 20' + Plug  
 DISPLACEMENT 2.59 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.13 PM

REMARKS: Establish circulation. Mix + Pump 100 # Premium Gel Flush  
Mix + Pump SKS 50/50 For Mix Cement 2% Gel 5% Salt  
5 # Kal Seal /sk. Cement to Surface. Flush pump + lines clean  
Displace 4 1/2" Rubber Plug to ~~case~~ Bottle in casing  
w/ 2.59 BBL Fresh water. Pressure to 600 #PSI.  
Release pressure to set float valve. Shut in casing

*Fred Maden*

POWS Drilling.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 <sup>00</sup>
5406	0	MILEAGE Truck on lease		N/C
5402	183	Casing footage		N/C
5407A	93	Ton Miles		117 <sup>18</sup>
5402C	1 hr	80 BBL Vac Truck		90 <sup>00</sup>
1124	40 SKS	50/50 Por Mix Cement		418 <sup>00</sup>
1118B	168 #	Premium Gel		33 <sup>60</sup>
1111	78 #	Granulated Salt		27 <sup>30</sup>
1110A	200 #	Kal Seal		88 <sup>00</sup>
4404	1	4 1/2" Rubber Plug		42 <sup>00</sup>
		<u>WO # 240533</u>		
			7.55%	SALES TAX 45 <sup>27</sup>
				ESTIMATED TOTAL 1837 <sup>05</sup>

Revin 3737

AUTHORIZATION *[Signature]* 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.