



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1060685

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: _____



1060685

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 ☐ Yes ☐ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
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CASING RECORD ☐ New ☐ 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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
 Well: Jim Bell AI-3
 Lease Owner: Altavista

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 6/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
18	Soil/Clay	18
3	Lime	21
5	Shale	26
4	Lime	30
142	Shale	172
3	Lime	175
3	Shale	178
2	Lime	180
3	Shale	183
12	Lime	195
10	Shale	205
7	Lime	212
5	Shale	217
34	Lime	251
11	Shale	262
23	Lime	285
8	Shale	293
2	Lime	295
58	Shale	353
2	Lime	355
3	Shale	358
18	Lime	376
17	Shale	393
12	Lime	405
21	Shale	426
17	Lime	443
5	Shale	448
3	Lime	451
8	Shale	459
78	Lime	487
7	Shale	494
21	Lime	515
5	Shale	520
4	Lime	524
4	Shale	528
6	Hertha	534
166	Shale	710
5	Lime	715
93	Shale/Shells	808
21	Sand	829-Odor, Little Bleed

Douglas County, KS
Well: Jim Bell AI-3
Lease Owner: Altavista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
6/14/2011

[illegible]

Jim Bell Farm: Douglas County
KS State; Well No. AJ-3

KS State; Well No. AT-3

Elevation 1050

Commenced Spuding 6-14, 2011

Finished Drilling 6-15 20 11

Driller's Name Jeff Tawn

Driller's Name Wes Dollard

Driller's Name _____

Tool Dresser's Name Tan Beangard

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

1 15 20

(Section) (Township) (Range)

Distance from S line, 5115 ft.

Distance from E line, 2805 ft.

5 Sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7¹¹/₁₆" Set 42.71 6¹/₄" Pulled

4" Set _____ 4" Pulled _____

2' 7 1/2 Set 905 2" Pulled _____

876 Battle 918TH

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
18	Sand / Clay	18	
3	Lime	21	
5	Shale	26	
4	Lime	30	
142	Shale	172	
3	Lime	175	
3	Shale	178	
2	Lime	180	
3	Shale	183	
12	Lime	195	
10	Shale	205	
7	Lime	212	
5	Shale	217	
34	Lime	251	
11	Shale	262	
23	Lime	285	
8	Shale	293	
2	Lime	295	
58	Shale	353	
2	Lime	355	
3	Shale	358	
18	Lime	376	
17	Shale	393	
12	Lime	405	
21	Shale	426	
17	Lime	443	
5	Shale	448	

448

[illegible]



CONSOLIDATED
Oil Well Services, LLC

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 # 242081

Invoice Date: 06/22/2011 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

J. BELL AI-3
32609
NW 1-15-20 DG
06/15/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	117.00	10.4500	1222.65
1118B	PREMIUM GEL / BENTONITE	197.00	.2000	39.40
1111	GRANULATED SALT (50 #)	226.00	.3500	79.10
1110A	KOL SEAL (50# BAG)	585.00	.4400	257.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1143	SILT SUSPENDER SS-630, ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	906.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1670.38 Freight: .00 Tax: 121.93 AR 3321.31
Labor: .00 Misc: .00 Total: 3321.31
Sublt: .00 Supplies: .00 Change: .00

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



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

TICKET NUMBER 32609

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
6/15/11	3244	J. Bell	AI-3	NW 1	15	20	OG
CUSTOMER Alta Vista Energy							
MAILING ADDRESS P.O. Box 128							
CITY Wellsville		STATE KS	ZIP CODE 66092				
				TRUCK #	DRIVER	TRUCK #	DRIVER
				506	Fred	Safety	M
				495	Casey	CL	D
				505/T106	Arlen	ARM	
				558	GARMOD	GM	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 1/8</u>	HOLE DEPTH <u>913'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>906'</u>	DRILL PIPE <u>Baffle in</u>	TUBING @ <u>874</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>29' + Plug</u>
DISPLACEMENT <u>5.05 B</u>	DISPLACEMENT PS _____	MIX PSI _____	RATE <u>48 bpm</u>

REMARKS: Establish circulation. Mixt Pump 1/2 Gal. ESA-41 + 1/2 Gal HE-100
Polymer Flush. ~~to~~ Circulate from Pit to condition hole. Mixt
Pump 117 SKS 50/50 Per Mix Cement 2% Gal 5% Salt 5# NSI Seal
per SK. Cement to Surface, Flush pump + lines clean.
Displace 2 1/2" Rubber plug to Baffle in casing w/ 5.08 BAC
fresh water. Pressure to 800* PSI. Release pressure to set
float valve. Shut in casing

TOWS Drilling

Fred Madson

[illegible]

Ravin 3737

AUTHORIZATION

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.