



KANSAS CORPORATION COMMISSION 1060720  
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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_



1060720

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--



Middagh Farm: Miami County

KS State; Well No. A 20

Elevation 833

Commenced Spuding 4-5 20 11

Finished Drilling 4-8 20 11

Driller's Name Jeff Town

Driller's Name Stephen Scott

Driller's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

10 19 24

(Section) (Township) (Range)  
Distance from S line, 40 20 ft.

Distance from E line, 36 50 ft.

4 hours  
Consolidated

**CASING AND TUBING RECORD**

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
8" Set 43' 8" Pulled \_\_\_\_\_  
6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_  
4" Set 161.4 4" Pulled \_\_\_\_\_  
2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

141.5 Baffle NOTED

**CASING AND TUBING MEASUREMENTS**

	Feet	In.	Feet	In.	Feet	In.
1	19	5				
2	19	8				
3	19	9				
4	20	5				
5	20	3				
6	20	4				
7	20	2				
8	20	4				
	161	4	Total			
	19	9				
	141	5	Baffle			

Thickness of Strata	Formation	Total Depth	Remarks
0-20	Soil clay	20	
10	Gravel	30	
54	Shale	80	
10	Red Bed	90	
5	Shale	101	
4	Red Bed	105	
3	Shale	108	Some Lime
7	Sand	115	Odor, Bleed, Broken, 20%
4	Sand	119	Brown oil sand
5	Lime	124	No oil
33	Shale	157	
7	Lime	164	
10	Shale	174	
4	Lime	178	TD



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 31825  
LOCATION Atawusa KS  
FOREMAN Fred Madra

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/5/11	3244	Middaugh # A-30	NW 10	19	24	M1
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			506	Fred	Safety	Witz
CITY Wellsville	STATE KS	ZIP CODE 66092	495	Casey	CIC	
JOB TYPE <u>Surface</u>			370	Arlen	DM	
HOLE SIZE <u>12 1/4</u>			548	Devel	DM	

HOLE DEPTH 42 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 42' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 10'  
 DISPLACEMENT 2 1/2 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Wash down 8' 8 5/8" casing. Mix & Pump 42 SKS  
50/50 Poz Mix Cement 270 Gal 5% Salt 5# Kol Seal  
per sack. Displace casing clean w/ 2 1/2 BBL Fresh  
water. Shut in casing

TOWS Drilling

Fred Madra

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>		775 <sup>00</sup>
5406	50 mi	MILEAGE		200 <sup>00</sup>
5402	42'	Casing footage		N/C
5407	1/2 Minimum	Ten Miles		165 <sup>00</sup>
5502C	2 1/2 hrs	80 BBL Vac Truck		225 <sup>00</sup>
1124	42 SKS	50/50 Poz Mix Cement		438 <sup>90</sup>
1118B	71#	Premium Gel		142 <sup>00</sup>
1111	81#	Granulated Salt		28 <sup>35</sup>
1110 A	210#	Kol Seal		924 <sup>00</sup>
<u>NO# 240348</u>				
			7.55%	SALES TAX
				43 <sup>33</sup>
			ESTIMATED	1982 <sup>18</sup>
			TOTAL	

Flavin 3737

AUTHORIZATION Adrian Scott 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.



**CONSOLIDATED**  
Oil Well Services, LLC

API # 15-121-28839-00.00

TICKET NUMBER 31832  
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
4/8/11	3244	Middaugh # A-30	NW 10	19	24	MI
CUSTOMER Alta Vista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			506 Fred Safety Mtg			
CITY STATE ZIP CODE Wellsville KS 66092			368 Ken KN			
			369 Derek DM			
			548 Cecil CAP			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 178 CASING SIZE & WEIGHT 4 1/2  
CASING DEPTH 162' DRILL PIPE Baffle @ TUBING 1 1/2 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20' + Plug  
DISPLACEMENT 2.25 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush  
Mix & Pump 40 SKS 50/50 Per Mix Cement 2% Gel 5% Salt  
5# Kol Seal/sk. Cement to surface. Flush pump & lines clean.  
Displace 4 1/2" Rubber Plug to casing TB w/ 2.25 BBL Fresh  
Water. Pressure to 700# PSI. Release pressure to set  
float valve. Shut in casing

Tows Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 3	PUMP CHARGE		975 <sup>00</sup>
5406	0-	MILEAGE Truck on lease		n/c
5402	162	Casing footage		n/c
5407	1/4 Minimum	Ten Miles.		82 <sup>50</sup>
5502C	2 hrs	80 BBL Vac Truck		180 <sup>00</sup>
1124	40 SKS	50/50 Per Mix Cement		418 <sup>00</sup>
1115B	168#	Premium Gel		33 <sup>60</sup>
1111	78#	Granulated Salt		27 <sup>30</sup>
1110A	200#	Kol Seal		88 <sup>00</sup>
440H	1	4 1/2" Rubber Plug		42 <sup>00</sup>
		NO 240473		
			7.53%	SALES TAX 45 <sup>97</sup>
				ESTIMATED TOTAL 1892 <sup>37</sup>

Ravin 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.