



KANSAS CORPORATION COMMISSION 1060808
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: _____



1060808

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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Middagah Farm: Miami County
1/5 State; Well No. A 41

Elevation _____

Commenced Spuding 3-12 .20 11

Finished Drilling 3-15 .20 11

Driller's Name Jeff Town

Driller's Name Steve Scott

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

N 19 24

(Section) (Township) (Range)

Distance from S line, _____ ft.

Distance from E line, _____ ft.

4 Sacks
 2 hour Surfactant
**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____

8" Set 431 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set 196 Total 4" Pulled _____

2" Set _____ 2" Pulled _____

165 Baffle

CASING AND TUBING MEASUREMENTS

	Feet	In.	Feet	In.	Feet	In.
1	31	75				
2	33	1				
3	32	55				
4	26	5				
5	32	6				
6	33	35				
7	33	-				
196		35	Total			
- 31		75				
164		6	Baffle			

Thickness of Strata	Formation	Total Depth	Remarks
25	Soil / Clay	25	
85	Shale	110	
5	Red Bed	115	
6	Shale	121	
3	Sandy Shale	124	Oil, Mainly Shale, good bleed
3	Red Bed	127	
7	Sandy Lime	134	No oil
7	Sandy Lime	141	oil, OK bleed (136-137) (138)
4	Lime	145	Best 141)
2	Sandy Lime	147	oil, OK bleed
25	Shale	182	
6	Lime	188	
6	Shale	194	
11	Lime	205	
4	Shale	209	
10	Lime	219	TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27387
LOCATION Ottawa KS
FOREMAN Fred Mader

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
3/15/11	3244	Middaugh # A-41	NW 10	19	24	MI
CUSTOMER Altavista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			506	Fred	Sally Mader	
CITY Wellsville			368	Ken	Ken	
STATE KS			370	Arlen	ARM	
ZIP CODE 66092			503	Derek	DM	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 219 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 196 DRILL PIPE Baffle @ TUBING 165' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 2.62 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 BPM

REMARKS: Establish circulation. Circulate from pit to condition hole.
Mix + Pump 100# Premium Gel Flush. Mix + Pump 47 SKS
50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal / sack. Cement
to surface. Flush pump + lines clean. Displace 4 1/2" Rubber
plug to Baffle in casing w/ 2.62 BBL Fresh Water. Pressure
to 600# PSI. Release pressure to set float valve. Shut
in casing

TOWS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	0	MILEAGE Trucks on Lease		N/C
5402	196	Casing footage		N/C
5407A	109.28	Ton Miles		137 ⁶⁹
5502C	1 1/2 hrs	80 vac		135 ⁰⁰
112H	47 SKS	50/50 Poz Mix Cement		491 ¹⁵
1118B	179 #	Premium Gel		35 ⁸⁰
1111	91 #	Granulated Salt		31 ⁸⁵
1110A	235 #	Kol Seal		103 ⁴⁰
4402A	1	4 1/2" Rubber Plug		42 ⁰⁰
		WD # 239999		
			7.55%	
			SALES TAX	53 ¹⁶
			ESTIMATED TOTAL	2005 ⁰⁵

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.