



KANSAS CORPORATION COMMISSION 1063615  
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: \_\_\_\_\_



1063615

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				

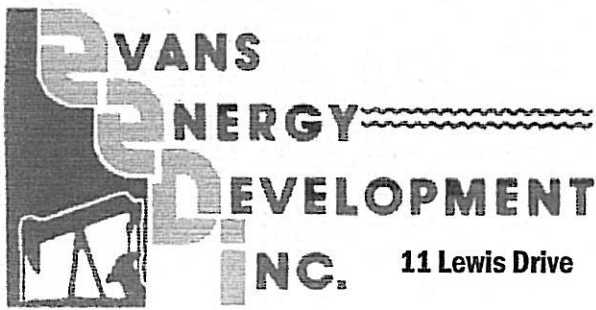
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

Altavista Energy, Inc.

Wise # AI-2

API # 15-091-23,512

August 9 - August 11, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
27	shale	40
5	lime	45
5	shale	50
18	lime	68
6	shale	74
4	lime	78
20	shale	98
7	lime	105
24	shale	129
67	lime	196
31	shale	227
10	lime	237
15	shale	252
24	lime	276
44	shale	320
8	lime	328
4	shale	332
14	lime	346
6	shale	352
33	lime	385
3	shale	388
7	lime	395
170	shale	565
6	lime	571
16	shale	587
9	lime	596
119	shale	715
2	lime	717
8	shale	725
2	lime	727
42	shale	769
2	lime	771
35	shale	806

2	coal	808
27	shale	835
1	coal	836
20	shale	856
3	lime	859
1	oil sand	860
1	broken sand	861
1	oil sand	862
3	broken sand	865
2	oil sand	867
1	broken sand	868
2	silty shale	870
5	shale	875
9	grey sand	884
48	shale	932 TD

Drilled a 9 7/8" hole to 23.4'

Drilled a 5 5/8" hole to 932'

Set 23.4' of 7" surface casing cemented with 6 sacks of cement.

Set 922.5' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffel, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
857		25
858	2	47
859		36
860		21
861		32
862		24
863		20
864		19
865		30
866		25
867		28
868		24
869		23
870		20
871		25
872		31
873		33
874		30
875		30



**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 # 243427

Invoice Date: 08/16/2011 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

WISE AI-2  
32776  
SE 16 14 22 JO  
08/11/2011  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	133.00	10.4500	1389.85
1118B	PREMIUM GEL / BENTONITE	224.00	.2000	44.80
1111	GRANULATED SALT (50 #)	257.00	.3500	89.95
1110A	KOL SEAL (50# BAG)	665.00	.4400	292.60
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	922.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts:	1889.03	Freight:	.00	Tax:	142.16	AR	3680.19
Labor:	.00	Misc:	.00	Total:	3680.19		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32776

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
8/11/11	3244	Wise # A I-2	SE 16	14	22	Jo
CUSTOMER			TRUCK #			
Altavista Energy			506	FREMAD	Safety Mtg	DRIVER
MAILING ADDRESS			368	KENHAM	TH	
P.O. Box 128			503	DERMAS	DM	
CITY			505/7106	TIMLEM	TL	
Wellsville		STATE	ZIP CODE			
KS		66092				

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 930' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 9220' DRILL PIPE Baffle TUBING 890' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 5.17 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 1/2 Gal ESA-41 & 1/2 Gal AE100  
 Polymer flush. Mix & Pump 133 sks 50/50 Poz Mix Cement 220 Gal  
 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump &  
 lines clean. Displace 2 1/2" Rubber plug to casing baffle  
 Ring w/ 5.17 BBL Fresh water. Pressure to 700 # PSI  
 Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc. (Kenney)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 <sup>00</sup>
5406	30	MILEAGE		120 <sup>00</sup>
5402	922	Casing footage		N/C
5407	Minimum	Ten Miles	503	330 <sup>00</sup>
5501C	2 hrs	Transport	505	224 <sup>00</sup>
1124	133 sks	50/50 Poz Mix Cement		1389 <sup>85</sup>
1118B	224#	Premium Gel		44 <sup>80</sup>
1111	257#	Granulated Salt		89 <sup>75</sup>
110A	665#	Kol Seal		292 <sup>60</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
1143	1/2 Gal	ESA-41		20 <sup>20</sup>
1401	1/2 Gal	NE-100 Polymer.		23 <sup>63</sup>
		# 243427		
		7.525%	SALES TAX	142.16
			ESTIMATED	3680.19
			TOTAL	

Rev 11 3737

AUTHORIZATION Joni Heber 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.