

Kansas Corporation Commission Oil & Gas Conservation Division

1064275

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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 I II Approved by: Date:

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL:

Perf.

Dually Comp.

(Submit ACO-5)

Commingled

(Submit ACO-4)

Open Hole

Other (Specify)

Vented Sold Used on Lease

(If vented, Submit ACO-18.)



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Altavista Energy, Inc. Wise #A-6 API # 15-091-23,519 July 20 - July 22, 2011

Thickness of Strata	Formation	<u>Total</u>
17	soil & clay	17
48	shale	65
5	lime	70
5	sandstone	75
10	lime	85
15	shale	100
4	lime	104
13	shale	117
3	lime	120
10	shale	130
2	lime	132
38	shale	170
14	lime	184
3	shale	187
18	lime	205
12	shale	217
10	lime	227
45	shale	272
8	lime	280
3	shale	283
12	lime	295
30	shale	325
19	lime	344
4	shale	348
6	lime	354
4	shale	358
7	lime	365
9	shale	374
23	lime	397
2	shale	399
16	lime	415 base of the Kansas City
172	shale	587
6	lime	593
7	shale	600
1	coal	601
6	shale	607

Wise #A-6		Page 2
6	lime	613
20	shale	633
5	lime	638
1	coal	639
37	shale	676
11	lime	687
73	shale	760
7	broken sand	767
22	shale	789
4	lime	793
8	shale	801
2	lime	803
55	shale	858
1	coal	859
22	shale	881
2	lime	883
1	oil sand	884
2	shale	886
1	oil sand	887
68	shale	955 TD

Drilled a 9 7/8" hole to 23.9' Drilled a 5 5/8" hole to 955'

Set 23.9' of 7" surface casing cemented with 5 sacks of cement.

Set 943' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp and 1 baffle

	Core Times	;
	Minutes	Seconds
871		33
872		35
873		39
874		48
875	1	9
876		42
877		50
878		42
879		37
880		31
881	2	7
882	1	40
883		58
884		18
885		40
886	1	42
887		42
888		18
889		23
890		21



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 #

242925

Invoice Date: 07/29/2011

Terms: 0/0/30, n/30

Page

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092

(785)883-4057

WISE A-6 32690 SE 16-14-22 JO 07/22/2011 KS

Part 1	Number	Description	Qty	Unit Price	Total
1124		50/50 POZ CEMENT MIX	134.00	10.4500	1400.30
1118B		PREMIUM GEL / BENTONITE	225.00	.2000	45.00
1111		GRANULATED SALT (50 #)	259.00	.3500	90.65
1110A		KOL SEAL (50# BAG)	670.00	.4400	294.80
1143		SILT SUSPENDER SS-630, ES	.50	40.4000	20.20
1401		HE 100 POLYMER	.50	47.2500	23.63
4402		2 1/2" RUBBER PLUG	1.00	28.0000	28.00
	Description		Hours	Unit Price	Total
368	CEMENT PUMP		1.00	975.00	975.00
368	EQUIPMENT MILE	AGE (ONE WAY)	30.00	4.00	120.00
368	CASING FOOTAGE		943.00	.00	.00
T-106	WATER TRANSPOR	T (CEMENT)	2.00	112.00	224.00
548	MIN. BULK DELI	VERY	1.00	330.00	330.00

_______ Parts: 1902.58 Freight: .00 Tax: 143.17 AR 3694.75

Labor: .00 Misc:

.00 Total: 3694.75

.00 Supplies: .00 Change: .00

Signed

Date



TICKET NUMBER LOCATION DF72WG FOREMAN

DATE

AUTHORIZTION

DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 7-21/ 344 W:5- A-C SE B 19 14 2		nanute, KS 6672 or 800-467-8676	0 FIEL	D HCKE	CEMEN	MINIENI KEF JT	OKI		
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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.