



KANSAS CORPORATION COMMISSION 1078316  
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: \_\_\_\_\_



1078316

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS  
Well: McCann B AI-4  
Lease Owner: Alta Vista

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

Commenced Spudding:  
2/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
11	Soil/Clay	11
5	Lime	16
9	Shale	25
16	Lime	41
6	Shale	47
8	Lime	55
9	Shale	63
15	Lime	78
22	Shale	100
75	Lime	175
32	Shale	207
7	Lime	215
21	Shale	236
6	Lime	242
2	Shale	244
10	Lime	254
32	Shale	286
3	Lime	289
8	Shale	297
26	Lime	323
6	Shale	329
24	Lime	353
4	Shale	357
5	Lime	362
4	Shale	366
6	Lime	372
55	Shale	427
8	Sandy Shale	435
15	Sand	450
33	Shale	483
14	Sand	497
49	Shale	546
4	Lime	550
3	Shale	553
3	Lime	556
7	Shale	563
7	Lime	570
16	Shale	586
3	Lime	589
6	Shale	595





Thickness of Strata	Formation	Total Depth	Remarks
11	soil / clay	11	
5	lime	16	
9	shale	25	
16	lime	41	
6	shale	47	
8	lime	55	
9	shale	63	
15	lime	78	
22	shale	100	
75	lime	175	130 water
32	shale	207	
7	lime	215	
21	shale	236	
6	lime	242	
2	shale	244	
10	lime	254	
32	shale	286	
3	lime	289	
8	shale	297	
26	lime	323	
6	shale	329	
24	lime	353	
4	shale	357	
5	lime	362	
4	shale	366	
6	lime	372	
	shale	427	

427

Thickness of Strata	Formation	Total Depth	Remarks
8	sandy shale	435	
15	sand	450	no oil
33	shale	483	
14	sand	497	no oil
49	shale	546	
4	lime	550	
3	shale	553	
3	lime	556	
7	shale	563	
7	lime	570	
16	shale	586	
3	lime	589	
6	shale	595	
13	lime	608	
24	shale	632	red bed
3	lime	635	
75	shale	710	
14	sand	724	clay, no bleed, maybe 2% oil
14	shale	738	
2	lime	740	
	shale	835	
5	limy sand	840	30% - 40% oil, clay, ok bleed
3	sand	843	solid
2	limy sand	845	50% oil
2	limy sand	847	5% - 10% oil
2	sandy shale	849	no oil
6	sand	855	







**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 # 248019

Invoice Date: 02/28/2012 Terms: 0/0/30,n/30 Page 1

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

MC CAM B AI-4  
34191  
SE 15 14 22 JO  
34191  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	10.9500	1478.25
1118B	PREMIUM GEL / BENTONITE	327.00	.2100	68.67
1111	SODIUM CHLORIDE (GRANULA	261.00	.3700	96.57
1110A	KOL SEAL (50# BAG)	675.00	.4600	310.50
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
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	913.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 2025.82 Freight: .00 Tax: 152.46 AR 3608.28  
 Labor: .00 Misc: .00 Total: 3608.28  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34191  
LOCATION Ottawa KS  
FOREMAN Fred Madu

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
2/23/12	3244	McCann "B" AI-4	SE 15	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 Highway 33			506	FREMAD	Safety	Mt
CITY Wellsville			495	HARBEC	H/B	J
STATE KS			370	KELCAR	KC	
ZIP CODE 66092			548	RYASIN	RS	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 913 DRILL PIPE Baffle in TUBING 2 3/4 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 2 1/2" Plug +  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer  
Flush Mix + Pump 200 # Premium Gel Flush. Mix + Pump 135 sks  
50/50 Poz Mix Cement. 2 1/2 Gal 5% Salt. 5 # Kolseal/sk. Cement to  
surface Flush pump + lines clean. ~~Est~~ Displace 2 1/2" Rubber  
plug to baffle in casing. Pressure to 500\* PSI. Release pressure  
to set float valve. Shut in casing.

TOS Drilling (Chad) Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	-	MILEAGE		N/C
5402	913'	Casing Footage		N/C
5407	1/2 minimum	Ton miles		175.00
5502C	2 1/2 hrs	80 BBL Vac Truck		225.00
1124	135 sks	50/50 Poz Mix Cement		1478.25
1118B	327 #	Premium Gel		68.67
1111	261 #	Granulated Salt		96.57
1110A	675 #	Kol Seal		310.50
4402	1	2 1/2" Rubber plug		28.00
1143	1/2 Gal	ESA-41		20.20
1401	1/2 Gal	HE-100 Polymer		23.63
248019				
		7.525%	SALES TAX	152.46
			ESTIMATED TOTAL	3608.28

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