



KANSAS CORPORATION COMMISSION 1078400  
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: \_\_\_\_\_



1078400

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS  
 Well: McCann B AI-11  
 Lease Owner: Alta Vista

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

Commenced Spudding:  
 3/5/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Shale	19
15	Lime	34
6	Shale	40
8	Lime	48
9	Shale	57
17	Lime	74
20	Shale	94
75	Lime	169
31	Shale	200
8	Lime	208
17	Shale	225
6	Shale & Lime	231
5	Shale	236
9	Lime	245
44	Shale	289
27	Lime	316
7	Shale	323
24	Lime	347
4	Shale	351
5	Lime	356
4	Shale	360
7	Lime	367
58	Shale	425
26	Sandy Shale	461
14	Shale	475
16	Sand	491
67	Shale	558
8	Lime	565
17	Shale	582
3	Lime	585
15	Shale	600
3	Lime	603
102	Shale	705
15	Sand	720
19	Shale	739
3	Lime	742
94	Shale	836
1	Sandy Shale	837
1	Sand	838



McCann B Farm: Johnson County

KS State; Well No. A1-11

Elevation 1015

Commenced Spuding 3-5 20 12

Finished Drilling 3-6 20 12

Driller's Name Chad Weaver

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

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

Tool Dresser's Name Brandon Stone

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

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

Contractor's Name JOS

15 14 22

(Section) (Township) (Range)

Distance from 5 line, 975 ft.

Distance from E line, 1395 ft.

9422 - 9431 9 hrs

3 sacks  
**CASING AND TUBING  
RECORD**

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

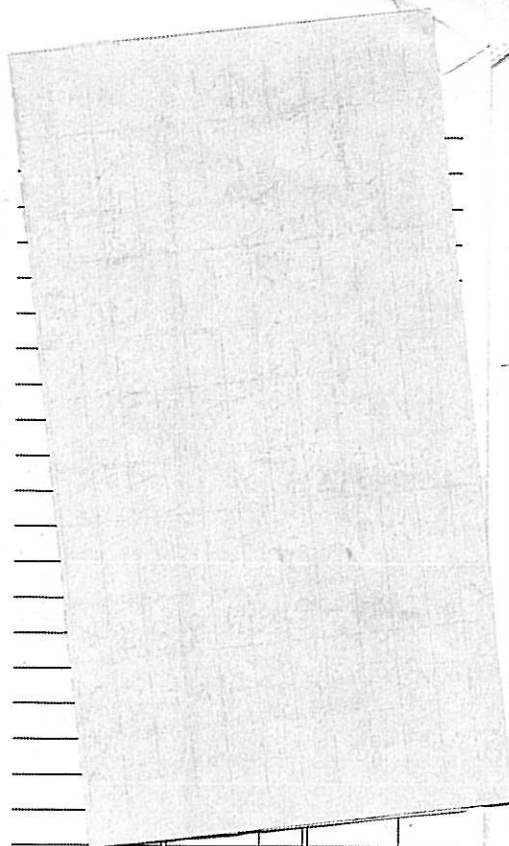
7" Set 21' 8" Pulled \_\_\_\_\_

6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2 1/2" Set 904 95 2" Pulled \_\_\_\_\_

9A TD




Thickness of Strata	Formation	Total Depth	Remarks
13	soil/clay	13	
6	shale	19	
15	Lime	34	
6	shale	40	
8	Lime	48	
9	shale	57	
17	Lime	74	
20	shale	94	
75	Lime	169	
31	shale	200	
8	Lime	208	
17	shale	225	
6	shale + Lime	231	
5	shale	236	
9	Lime	245	
44	shale	289	
27	Lime	316	
7	shale	323	
24	Lime	347	
4	shale	351	
5	Lime	356	
4	shale	360	
7	Lime	367	
58	shale	425	
26	sandy shale	461	
14	shale	475	
16	sand	491	no oil

491

Thickness of Strata	Formation	Total Depth	Remarks
67	shale	558	
8	Lime	565	
17	shale	582	
3	Lime	585	
15	shale	600	
3	Lime	603	
102	shale	705	
15	sand	720	5%-10% oil
19	shale	739	
3	Lime	742	
94	shale	836	
1	sandy shale	837	10% oil, odor, slight bleed
1	sand	838	solid
2	sandy shale	840	5%
3	sand	843	30%-40% oil
4	sandy-lime	847	no oil
4	sand	851	no oil
4	sandy shale	855	no oil
64	shale	919	TD



**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 # 248270

Invoice Date: 03/09/2012 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-11  
34247  
SE 15 14 22 JO  
3/6/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	353.00	.2100	74.13
1111	SODIUM CHLORIDE (GRANULA	234.00	.3700	86.58
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
1401	HE 100 POLYMER	1.00	47.2500	47.25
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	904.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1839.21	Freight:	.00	Tax:	138.41	AR	3657.62
Labor:	.00	Misc:	.00	Total:	3657.62		
Sublt:	.00	Supplies:	.00	Change:	.00		

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





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34247  
LOCATION Ottawa  
FOREMAN Alan 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
3-6-12	3244	McLagan B <sup>11</sup>	SE15	14	22	Jo
CUSTOMER Altavista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meet
CITY	STATE	ZIP CODE	368	Gary M	G.M	
Wellsville	KS	66092	370	Kevin C	KC	
JOB TYPE	HOLE SIZE	HOLE DEPTH	<del>348</del> 348	Ryan S	RS	
long spring	578	919	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 904	DRILL PIPE	TUBING	OTHER baffle 873			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes			
DISPLACEMENT 5	DISPLACEMENT PSI 800	MIX PSI 200	RATE 46pm			

REMARKS: Held crew meet. Established rate. Mixed & pumped 1 gal HE100 followed by 150# gel. Circulated into clean pit. Pumped 121 sks 50/50 cem plus 5# Kol-seal 5% salt, 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve. Plug stopped @ baffle

TDS, Chad

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	904	casing footage		
5407	min	ton miles		350.00
55026	2	80 gal		180.00
1124	121 sk	50/50 cem		1324.95
1118B	353 #	gel		74.13
1111	234 #	gel		86.58
1110A	605 #	Kol-seal		278.30
1401	1	HE100		47.25
4402	1	2 1/2 plug		28.00
				2482.70
SALES TAX				138.41
ESTIMATED TOTAL				3657.62

Revin 3737

*Alan Mader*

AUTHORIZATION

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.