



KANSAS CORPORATION COMMISSION 1081737  
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: \_\_\_\_\_



1081737

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				

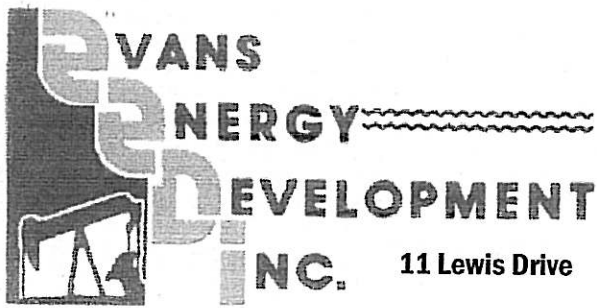
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

**11 Lewis Drive**

**Paola, KS 66071**

**Phone: 913-557-9083**

**Fax: 913-557-9084**

**WELL LOG**

Altavista Energy, Inc.

Guetterman #A-7

API # 15-091-23,768

January 31 -- February 2, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
18	soil & clay	18
11	shale	29
6	lime	35
7	shale	42
15	lime	57
10	shale	67
7	lime	74
9	shale	83
20	lime	103
17	shale	120
21	lime	141
4	shale	145
50	lime	195
21	shale	216
9	lime	225
17	shale	242
7	lime	249
7	shale	256
18	lime	274
23	shale	297
2	lime	299
10	shale	309
24	lime	333
5	shale	338
24	lime	362
4	shale	366
15	lime	381 base of the Kansas City
30	shale	411
6	sandstone	417
134	shale	551
12	lime	563
7	shale	570
7	lime	577
14	shale	591
2	lime	593
13	shale	606
3	lime	609
60	shale	669

4	lime	673
35	shale	708
10	broken sand	718 brown & grey sand, lite bleeding, gassy
114	shale	832
4	oil sand	836 black sand, good bleeding, good sand
2	broken sand	838 few bleeding seams
64	shale	902 TD

Drilled a 9 7/8" hole to 20.3'

Drilled a 5 5/8" hole to 902'

Set 20.3' of 7" surface casing cemented with 5 sacks of cement.

Set 891.5' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 baffle, and 1 seating nipple.

Core Times	
<u>Minutes</u>	<u>Seconds</u>
832	48
833	38
834	24
835	38
836	29
837	24
838	27
839	36
840	37
841	37
842	32
843	30
844	29



**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 # 247721

Invoice Date: 02/09/2012 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

GUETTERMAN A-7  
36919  
NE 19 14 22 JO  
02/02/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	10.9500	1401.60
1118B	PREMIUM GEL / BENTONITE	215.00	.2100	45.15
1111	SODIUM CHLORIDE (GRANULA	247.00	.3700	91.39
1110A	KOL SEAL (50# BAG)	640.00	.4600	294.40
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	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	891.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1904.37 Freight: .00 Tax: 143.31 AR 3715.68  
 Labor: .00 Misc: .00 Total: 3715.68  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36919

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
2-2-12	3244	Guetterman #A-7	NE 19	14	23	JD
CUSTOMER <u>Alta Vista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Alan M</u>	<u>Safety Meet</u>	
			<u>368</u>	<u>Arlen M</u>	<u>AM</u>	
			<u>505/106</u>	<u>Keith D</u>	<u>KD</u>	
			<u>510</u>	<u>Asa M</u>	<u>AM</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 901 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 891 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER baffle 860  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into clean pit. Mixed & pumped 128 sk 50/50 cement plus 5# Kolseal, 5% gel, 2% gel. Circulated cement. Blushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Evans Energy, Travis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		1030.00
3406	30	MILEAGE		120.00
5402	891	casing footage		
5407	min	rod miles		350.00
5501C	1 1/2	transport		68.00
1124	128	50/50 cement		1401.60
118B	215 #	gel		45.15
1111	247 #	salt		91.39
1110A	640 #	Kolseal		294.40
1143	1/2	ESA 41		20.20
1401	1/2	polymer		23.63
4402	1	2 1/2 plug		28.00
				2477.21
			SALES TAX	143.31
			ESTIMATED TOTAL	2715.68

Revin 8737 No company rep

AUTHORIZATION Jim Dk'd 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