



KANSAS CORPORATION COMMISSION 1091600
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: _____



1091600

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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Douglas County, KS
 Well: Johnson A-44
 Lease Owner: AltaVista

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

Commenced Spudding:
 7/12/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-2	Soil-Clay	2
2	Lime	4
2	Clay	6
6	Shale	12
3	Lime	15
141	Shale	156
7	Lime	163
6	Shale	169
14	Lime	183
8	Shale	191
7	Lime	198
5	Shale	203
27	Lime	230
19	Shale	249
22	Lime	271
75	Shale	346
22	Lime	368
18	Shale	386
6	Lime	392
25	Shale	417
18	Lime	435
17	Shale	452
24	Lime	476
8	Shale	484
24	Lime	508
5	Shale	513
3	Lime	516
5	Shale	521
6	Lime	527
175	Shale	702
5	Lime	707
18	Shale	725
2	Lime	727
21	Shale	748
3	Lime	751
7	Shale	758
4	Lime	762
26	Shale	788
21	Shale & Lime	809
20	Sandy Shale	829

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute $\times 34.2$

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. A-44

Farm Johnson

KS Douglas
(State) (County)

1 15 20
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-2	soil-clay	2	
2	Lime	4	
2	clay	6	
6	shale	12	
3	Lime	15	
141	shale	156	
7	Lime	163	
6	shale	169	
14	Lime	183	
8	shale	191	
7	Lime	198	
5	shale	203	
27	Lime	230	
19	shale	249	
22	Lime	271	
75	shale	346	
22	Lime	368	
18	shale	386	
6	Lime	392	
25	shale	417	
18	Lime	435	
17	shale	452	
24	Lime	476	
8	shale	484	
24	Lime	508	
5	shale	513	
3	Lime	516	



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 # 251315
 =====
 Invoice Date: 07/17/2012 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

JOHNSON A-44
37451
1-15-20
07-16-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	106.00	10.9500	1160.70
1118B	PREMIUM GEL / BENTONITE	278.00	.2100	58.38
1111	SODIUM CHLORIDE (GRANULA	205.00	.3700	75.85
1110A	KOL SEAL (50# BAG)	530.00	.4600	243.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	884.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

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 Parts: 1590.36 Freight: .00 Tax: 116.10 AR 3221.46
 Labor: .00 Misc: .00 Total: 3221.46
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37451
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
7/16/12	3244	Johnson # A. 44	NW 1	15	20	DG.
CUSTOMER Alta Vista Energy			TRUCK #			
MAILING ADDRESS 4595 33 Highway			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66092			DRIVER		TRUCK #	
JOB TYPE <u>Longstring</u>			HOLE SIZE <u>5 7/8</u>		HOLE DEPTH <u>940</u>	
CASING DEPTH <u>884</u>			DRILL PIPE <u>Baffle in</u>		TUBING @ <u>852</u>	
SLURRY WEIGHT			SLURRY VOL		WATER gal/sk	
DISPLACEMENT <u>5.14 BBL</u>			DISPLACEMENT PSI		MIX PSI	
					CASING SIZE & WEIGHT <u>2 7/8 EVE</u>	
					CEMENT LEFT in CASING <u>2 1/2" Plug + 32'</u>	
					RATE <u>5 BPM</u>	

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal H.E. 100 Polymer Flush. Circulate well to condition hole. Mix + Pump 100# Gel Flush. Mix + Pump 106 sks 50/50 Poz Mix Cement 270 Gel 5% salt 5# Kol Seal/sk. Cement to surface. Flush pump lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in Casing.

TOS Drilling - Wes.

Fred Mader

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	884	Casing footage		N/C
5407	Minimum	Ton Miles	558	350 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	135 ⁰⁰
1104	106 sks	50/50 Poz Mix Cement		1160 ²⁰
1110B	278#	Premium Gel		583 ⁰⁰
1111	205#	Granulated Salt		758 ⁵⁰
1110A	530#	Kol Seal		243 ⁸⁰
4402	1	2 1/2" Rubber plug		25 ⁰⁰
1401	1/2 Gal	H.E. 100 Polymer		23 ⁶⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				11610 ⁰⁰
				3221 ⁴⁰

RAVIN 3737 AUTHORIZATION Wesley Dollard 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.

251315