

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1095814

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

WEII	LICTODY .	DESCRIPTION	OEWELL 8	
VVLLL	111310111		UI WULL O	K LLAJL

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Deast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Designate Type of Completion:	
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	Lease Name: License #:
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW     Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 II III Approved by: Date:						

	Side Two	1095814
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		Log Formation (Top), Depth an			Sample Datum
Samples Sent to Geolog	gical Survey	Yes No	Indif			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		<pre> Yes □ No  Yes □ No  Yes □ No  Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	-conductor, surface, inte	ermediate, product	ion, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			,		ement Squeeze Record d of Material Used)	Depth			
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENH	۲.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITION OF GAS:			METHOD OF COMPLE		TION:		PRODUCTION INTER	VAL:		
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)					- <u></u>	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Lease Owner:AltaVista

Johnson County, KS Well: Narrow Tree AI-2 (913) 837-8400 Commenced Spudding: 9/10/2012

### WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
55	Sandstone	59
46	White Sand	105
25	Shale	130
21	Lime	151
7	Shale	158
10	Lime	168
7	Shale	175
27	Lime	202
15	Shale	217
21	Lime	238
12	Shale	250
13	Lime	263
27	Shale	290
15	Lime	305
15	Shale	320
10	Lime	330
18	Shale	348
6	Lime	354
11	Shale	365
5	Lime	370
3	Shale	373
4	Lime	377
34	Shale	411
24	Lime	435
9	Shale	444
23	Lime	467
4	Shale	471
4	Lime	475
4	Shale	479
4	Lime	485
5	Shale	490
4	Sand	494
21	Shale	515
4	Sand	519
11	Sandy Shale	530
129	Shale	659
5	Lime	664
11	Shale	675
3	Lime	678

Johnson County, KS Well: Narrow Tree AI-2 Lease Owner:AltaVista Town Oilfield Service, Inc. (913) 837-8400 Commenced Spudding: 9/10/2012

6	Shale	684
4	Sand	688
137	Shale	825
6	Broken Sand	831
73	Shale	904
6	Sand	910
34	Shale	944
1	Sand	945
14	Core	959-TD-Dry Hole

	Core	
		945
1	Limey Sand	946
2	Shale	948
2	Sand	950
2	Black Sand	952
1	Sand	953
6	Shale	959

.

# Short Cuts

BBLS. (42 gal.) equals D<sup>2</sup>x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY Multiply gals. per minute x 34.2

HP equals BPH x PSI x .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 - RPMxd over SPMxR d - SPMxRxD over RPM SPM - RPMXD over RxD R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) + (<u>D-d)</u><sup>2</sup> 4C

\* Need these to figure belt length WATTS = AMPS VOLTS 746 WATTS equal 1 HP

LO	g Bo	ok
Well No. <u>」入</u> い		
Farm New	-06 Iv	1ec
<u> </u>	7	(County)
<u>ఎస్</u> (Section)	j (Township)	<u>ير</u> (Range)

E

10

For Mile (Well Owner)

Town Oilfield Services, Inc. 1207 N. 1st East Louisburg, KS 66053 913-710-5400

Nervou Trifatm: 5 Junsein County ES State; Well No. Al-2 Elevation 1035 Commenced Spuding <u>ci-10</u> 20 12 Finished Drilling -1-11 20-12 Driller's Name ched Weever Driller's Name \_\_\_\_\_ Driller's Name Tool Dresser's Name Brankon Show Tool Dresser's Name Cole Holcom Tool Dresser's Name Contractor's Name \_\_\_\_\_\_\_ 14 21 25 (Township) (Section) (Range) Distance from \_\_\_\_\_\_ line, \_\_\_\_\_\_ft. Distance from \_\_\_\_ E\_\_ line, \_\_\_\_\_ ft. 02013-

commented by Consolidated CASING AND TUBING RECORD

10"	Set	£			11 <del></del>
78"	Set	12:42	8''	Pulled	· · · · ·
6%	" Set		6%	" Pulled	a
4"	Set		4''	Pulled	
2″	Set		2″	Pulled	

#### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
•					
-					
		-			
		-			
					· · · · · · ·

-1-

Thickness of	Formation	Total	· · · · · · · · · · · · · · · · · · ·
Strata		Depth	Remarks
	and /day	<i>i</i> 4	
- 55	suid stone	59	- ned water 20
46	white send	105	
25	shale	130	
21	Line	151	
7	Sicile	158	
10	Live	168	
_ 7	shale	175	
27	Lune	303	
15	shale	217	
- 21	Linge	138	
_12	shale	250	
13	Linne	263	
27	Shale	340	
15	Linne	205	
_15	shale	320	
01	Lime	330	
18	shelle	248	
(e	Lime	3514	
	sheile	365	
5	Lime	570	
iv,	shale	37.3	
4	Linne	377	
34	shoile	411	
24	Lignie	435	-
e1	shale	444	·
A3	Livne	467	
	-2-		-3-

Thickness of Strata	Formation	Total Depth	 Remarks
4	shelle	471	
4	Livie	475	
24	sherle	4799	
14	Lime	485	
5	shale	490	Herrymer
14	sound	494	
21	shele	515	NG GI
'Y	scind	514	NC CI
	sindy shall	530	
129	chelle	-59	
5	Linne	1_e (e!4	
) \	shaile	375	
3	Lowne	678	
له	shale	684	
24	exand	688	very ). Hile oil - 2%
137	shele	225	
(c	Brokensund	831	
73	sheila	404	
6	sind	410	neel
34	shale	944	
1	sind	945	Berken 70% and 30% de
14	Core	9.59	
			······································

hickness of	Formation	Total	Remarks
Strata		Depth	
		C145	
1	Livie, sand	946	ne cil
್ರಿ	shelle	4:28	
2	sard	450	white
2	Hack sund	952	dead sand no oil
3	stand	9:53	no oil
C	shale	959	-
_	in the second		
		<u>├</u> -	
	crettor in the		

CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346		Chanu 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 tte, KS 66720 300/467-8676 520/431-0012	
INVOICE			Invoice #	252823	
Invoice Date: 09/12/2012 1	erms: 0/0/30,n/30		Pa	ge 1	
ALTAVISTA ENERGY INC NARROW TREE NURSERY AI-2 4595 K-33 HIGHWAY 39672 P.O. BOX 128 25-14-21 WELLSVILLE KS 66092 09-10-2012 (785)883-4057 KS					
	ion Z CEMENT MIX GEL / BENTONITE	45.00	Unit Price 10.9500 .2100		
Description 548 MIN. BULK DELIVERY 666 CEMENT PUMP (SURFACE) 666 EQUIPMENT MILEAGE (ONE 666 CASING FOOTAGE 675 80 BBL VACUUM TRUCK (CE	1970-2015-007-000 <b>7</b> .	1.00	825.00 4.00 .00	350.00 825.00 .00	

 Parts:
 508.71 Freight:
 .00 Tax:
 38.28 AR
 1811.99

 Labor:
 .00 Misc:
 .00 Total:
 1811.99

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

 Bartlesville, OK
 EL DORADO, KS
 EUREKA, KS
 PONCA CITY, OK
 OAKLEY, KS
 OTTAWA, KS
 THAYER, KS
 Gillette, WY

 918/338-0808
 316/322-7022
 620/583-7664
 580/762-2303
 785/672-2227
 785/242-4044
 620/839-5269
 307/686-4914

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET			TICKET NUME LOCATION ( FOREMAN () ORT	Have K	9672 S edy
	CEMEN				
DATE CUSTOMER # WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9/10/12 3244 Narrow Tree Abre	214 #AI-2	NE 25	14	21	70
CUSTOMER	/	這些可能的服裝	的建设的中国和国家	Real Prantike Star	
Altavista Energy		TRUCK #	DRIVER	TRUCK #	DRIVER
PO Box 128		481	Casken	ck	
		<b>Lolole</b>	GacMoo	6M	28- B-
CITY STATE ZIP CODE	0	675	Kei Det	KD	
Welsville KS 66092		548	Milita	MH	<u> </u>
AN Para	HOLE DEPTH	132'	CASING SIZE & W		
	TUBING			OTHER	
SLURRY WEIGHT SLURRY VOL	WATER gal/sl	k	CEMENT LEFT In		
DISPLACEMENT 3.8 665 DISPLACEMENT PSI	MIX PSI		RATE 4600		
REMARKS: held safely meeting, establish		station , 1	Nord I	moded 45	de Sym
Poznix comput w/ 2% get per	, cerner		ch th		ment
w/ 3. 860s fresh water, shut in	caring				
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		/	$\gamma - H$		<u> </u>
			+	ty-	
		+	1 A		
			<u> </u>	_/	•••••••••••

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615		PUMP CHARGE		825.00
5406		MILEAGE		
5402	120'	casing tootage		
5407	minimum	ton mileage		35000
5502C	Lhr	80 Vac		90,00
1/24	45 stcs	59/50 Paquin Celupart		40375
1124 118B	76 sks	50/50 Poznix cernent Premium Gel		492.75
110		Tiengun Ger		15.96
				7
				Frage 1
			CO 100	
			No. 1 Co	L.
		7.525%	SALES TAX	38.28
Ravin 3737			ESTIMATED	1811.99
AUTHORIZTION_	No Co. Reporto	cation TITLE	TOTAL DATE	1011.11

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

252823

CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> 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 #	252883
	Terms: 0/0/30,n/3	0	Pa	age 1
ALTAVISTA ENERGY INC       NARROW TREE NURSERY AI-2         4595 K-33 HIGHWAY       39659         P.O. BOX 128       25-14-21         WELLSVILLE KS       66092       09-12-2012         (785)883-4057       KS				
=======================================				
1	cion DZ CEMENT MIX GEL / BENTONITE	Qty 77.00 388.00		Total 843.15 81.48
Description 369 80 BBL VACUUM TRUCK (CF 558 MIN. BULK DELIVERY 666 P & A NEW WELL 666 EQUIPMENT MILEAGE (ONE		3.00	Unit Price 90.00 350.00 1030.00 4.00	Total 270.00 350.00 1030.00 120.00

==========	==========	================	========	==========	============	======:	
Parts:	924.63	Freight:	.00	Tax:	69.58	AR	2764.21
Labor:	.00	Misc:	.00	Total:	2764.21		
Sublt:	.00	Supplies:	.00	Change:	.00		
==========	=========		========		===========		

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

 BARTLESVILLE, OK
 EL DORADO, KS
 EUREKA, KS
 PONCA CITY, OK
 OAKLEY, KS
 OTTAWA, KS
 THAYER, KS
 GILLETTE, WY

 918/338-0808
 316/322-7022
 620/583-7664
 580/762-2303
 785/672-2227
 785/242-4044
 620/839-5269
 307/686-4914

CONSOLIDATED		TICKET NUME		39659
Oil Well Bervices, LLC		LOCATION_C	Haup, k	<u>(S</u>
		FOREMAN CA	sey Ken	vede
PO Box 884, Chanute, KS 66720 FIELD TICKET & TREA	ATMENT REP	ORT	1	
620-431-9210 or 800-467-8676 CEME	NT			
DATE CUSTOMER # WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/12/12 3244 Norrow Tree Nursery # AI-2	NE 25	14	21	10
CUSTOMER				
Altavista Evergy Mailing address	TRUCK #	DRIVER	TRUCK #	DRIVER
	481	Casten	CIC	
PO Box 128	LeleCo	GarMoo	GM	
CITY STATE ZIP CODE	369	DerMes	DU	
Wellsville KS 66092	558	BreMan	BM	
JOB TYPE_DUG HOLE SIZE_55/8 " HOLE DEPT	rh 9501	CASING SIZE & W	EIGHT	
CASING DEPTH DRILL PIPE TUBING			OTHER	
SLURRY WEIGHT SLURRY VOL WATER gal	/sk	CEMENT LEFT IN		
DISPLACEMENT MIX PSI		RATE 2 500	1	
REMARKS: held satiely meating, established circu	ulction through	ah 1" tubin	c at 7	D, mixed
+ pumped 10 sts camput followed by 1/2 b	11.0 1 0	ter, pulled	11 1 1	to 500'.
mixed + pumped 10 sts 50/50 Pozulix cer	nent w/ 6ª	E celper s	1 1	d tubing to
350', mixed + pumped 47 sts cement, a	compart to	Suctace	ailled	1" 1
well to need well off w/ 10 stor coment.		~ · · · · · · · · · · · · · · · · · · ·		Mon
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		- (- )-	└───/	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N		PUMP CHARGE		10.30.00
5406	30 mj	MILEAGE		120.00
50000				
5407	minimum	ton mileage		350.00
5502C	3 hrs	80 vac		270.00
			707	
1124	77 sts	50/50 Pazznix concert		843.15
1118B	388	Premium Gel		81.48
		× •		t I
		4		letat
		[3]		16164
		Law Star	LA 1	
		7.6.6	-	
Ravin 3737		7.525%	SALES TAX	69.58
	LICD I	.1.	TOTAL	2764.21
AUTHORIZTION_	No Co Rep. on loc	Cation TITLE	DATE	· · · · · · · · · · · · · · · · · · ·

AUTHORIZTION No Co Rep. on location TITLE

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.

