

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1100502

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / 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:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #:       Permit #:         Dual Completion       Permit #:       Permit #:         SWD       Permit #:       Permit #:         ENHR       Permit #:       Permit #:	Chloride content:      ppm       Fluid volume:      bbls         Dewatering method used:       bbls         Location of fluid disposal if hauled offsite:          Operator Name:          Lease Name:          Quarter      Sec.      S. R
GSW Permit #:	County: Permit #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         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

	Side Two	1100502
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	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	jical Survey	Yes No	Null			iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASIN		ew Used			
		Report all strings se	t-conductor, surface, inte	ermediate, producti	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 Specify Fo		RD - Bridge F Each Interval		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLETIO		TION:		PRODUCTION INTER	RVAL:			
Vented Sold Used on Lease			Open Hole Perf. Dually C (Submit AC			Commingled (Submit ACO-4)				
(If vented, Submit ACO-18.) Other (S			Other (Specify)	)						

Douglas County, KS Well:Baldwin West AI-2 Lease Owner:AltaVista

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

Commenced Spudding: 10/4/2012

## WELL LOG

Thickness of Strata	Formation	Total Depth
0-24	Soil-Clay	24
17	Shale	41
2	Lime	43
12	Shale	55
3	Lime	58
129	Shale	187
4	Lime	191
13	Shale	204
13	Lime	217
10	Shale	227
7	Lime	234
6	Shale	240
22	Lime	262
24	Shale	286
18	Lime	304
73	Shale	377
22	Lime	399
19	Shale	418
7	Lime	425
23	Shale	448
20	Lime	468
17	Shale	485
7	Lime	492
11	Shale	493
16	Lime	509
8	Shale	517
24	Lime	541
4	Shale	545
4	Lime	549
3	Shale	552
6	Lime	558
169	Shale	727
5	Lime	732
19	Shale	751
4	Lime	755
19	Shale	774
3	Lime	777
45	Shale and lime	822
1	Lime	823
2	Shale	825

Douglas County, KS Well:Baldwin West AI-2 Lease Owner:AltaVista

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

Commenced Spudding: 10/4/2012

4	Sandy Shale	829
1	Sandy Shale	830
12.5	Core	842.5
77.5	Sandy Shale	920-TD
	-	

	Core	
	Cole	
		830
2	Sand & Sandyshale	832
0.5	Sandy Lime	832.5
1	Sand & Sandyshale	833.5
7	Sand	840.5
2	Sand	842.5
1		

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Log Book Well No. AI-2 Farm Baldwin W=st Dovalas (County) KS (State) 21520(Section)(Township)(Range) For Altavista Energy (Well Owner)

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

WE Bald County State; Well No. 1064 Elevation\_ Commenced Spuding 20 Finished Drilling Oct 20 Driller's Name **Driller's Name Driller's Name Tool Dresser's Name** 57 one Tool Dresser's Name **Tool Dresser's Name** -05 **Contractor's Name** 20 2 15 (Section) (Township) (Range) 45 al Distance from line, ft. 5 1\_ Distance from line, ft. 5 sacks į Colt 14 his **CASING AND TUBING** RECORD 10" Set \_ 10" Pulled 8" Set 8" Pulled 44 7 6%" Set 6¼" Pulled

4" Pulled

2" Pulled

4" Set

2" Set \_\_\_\_\_

## CASING AND TUBING MEASUREMENTS

1					
Feet	In.	Feet	In.	Feet	In.
825.	20	Scat	- r	ipple	
		•	20	17	
856	75	Ba	+F	12	
				* -	
887	25	Flo	at	1	71
121			194 B	a	12
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Thickness of Strata	Formation	Total Depth	Remarks
3-24	soil- clay	24	
17	shale /	41	in the second
2	Lime	43	a the second
12	Shale	55	
3	Lime	58	
129	Shale	187	
4	Lime	191-	
13	shale	204 -	
13	Lime	217	
10	shal-e	227	
7	Lime	234	
6	Shale	240	
22	Lime	262	
24	Shale	286	a de la construcción de la constru Management
18	Lime	364	
73	shale	377	
22	Lime	399	- <u>n</u>
19	Shale	418	
7	Lime	425	
23	shale	448	
20	Lime	468	
17	shale	485	
>	Lime	492	
1	Shale	493	
16	Lime	509	
16 8	shale	517	
24	Lime	541	
	-2-		-3-

•

		541	
Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	545	
- 4	Lime	549	
3	Shale	552	
6	Lime	558	Heltha
169	shale	727	
5	Lime	732	
19	Shale	751	
4	Lime	755	
19	shale	774	
3	Lime	777	
45	Shale & lime	822	
1	Lime	823	
2	shale	825	
- 4	Sandy Shelve	829	no Oil
1	sandy shale	830	25% Oil -pert
12.5	Lore	842.5	
77.5	Sandy shale	920	TD
	1		
8		and the second	
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Thickness of	Core	Total	I <del></del>
Strata	Formation	Depth	Remarks
		830	
2	Sand & Sandy Shele	832	6roken - 75% 0:1
.5	sandy lime	832.5	no Dil
1	Sand & Sandy Shelf	\$33.5	broken - 25% Dil ) Pel
7	Sand	840.5	solid Oil
2	Sand	842.5	laminated 10% Oil
	-		
			4
		1	
		1.00	
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Oil Well Servic	es, LLC Consolida	<i>REMIT TO</i> ated Oil Well Services, LLC Dept. 970 P.O. Box 4346 ston, 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 #	253568			
Invoice Date: 10/10/2	======================================	 Pa	======= ge 1				
ALTAVISTA ENERGY INC       BALDWIN WEST AI-2         4595 K-33 HIGHWAY       35046         P.O. BOX 128       2-15-20         WELLSVILLE KS 66092       10-08-2012         (785)883-4057       KS							
1124     5       1118B     1       1111     5       1110A     1       4402     2	Description 50/50 POZ CEMENT PREMIUM GEL / BEN 50DIUM CHLORIDE COL SEAL (50# BAC 2 1/2" RUBBER PLU HE 100 POLYMER	MIX148.00NTONITE349.00(GRANULA311.00G)740.00UG1.00	28.0000				
Description 369 80 BBL VACUUM TF 495 CEMENT PUMP 495 EQUIPMENT MILEAG 495 CASING FOOTAGE 558 MIN. BULK DELIVE	E (ONE WAY)	2.00		Total 180.00 1030.00 80.00 .00 350.00			

2200.99 Freight: Parts: .00 Tax: 160.67 AR 4001.66 Labor: .00 Misc: .00 Total: 4001.66 Sublt: .00 Supplies: .00 Change: .00 \_\_\_\_\_\_

Signed

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

Date

GILLETTE, WY 307/686-4914



TICKET NUMBER	35046
LOCATION Ottan	sa,KS
FOREMAN Casey	Kennedy

\_\_\_\_\_

PO Box 884, Chanute, KS 66720 000 407 0070

### **FIELD TICKET & TREATMENT REPORT** CEMENIT

620-431-9210	or 800-407-607	6		CENTER	4 1			
DATE	CUSTOMER #	WELL	NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/8/12	3244	Baldwin	Wast 1	4I-2	SE 2	15	20	ÞG
CUSTOMER	. +							
Altavi	sta thera	Ч			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR		7			481	Carken	Sert	et Motine
POR	50x 128	3			495	KeiCar	~	9.0013
CITY		STATE	ZIP CODE		369	DerMas	V	
Wellsvi	lle	KS	66092		558	Brellon	V	
JOB TYPE 10	gotring	HOLE SIZE 5	5/8"	_ HOLE DEPT	н <u>920'</u>	CASING SIZE & V	NEIGHT 27/8	"EUE
CASING DEPTH	1887	DRILL PIPE		_ TUBING b	affle - 85	<u> </u>	OTHER	<del></del>
SLURRY WEIGH		SLURRY VOL		WATER gal/		CEMENT LEFT in	CASING_30	
DISPLACEMEN	T4.986615	DISPLACEMEN	PSI	MIX PSI		RATE S.SE	pm	
REMARKS: he	14 44	meeting,	esteblish	ed circula	tion, mixed	2 + purged	100000 1/2 a	al HE-100
Poly mores	+ 100 #1	remium (	el tollo	wed by	10 bls tr	get water,	mixed +	pumped
148 sts	9/50 Poz	mix cen	ent w/	270 gel	5% Salt	+5#K	leeal per	st cecuei
to surface		d punp cla	Par p	mped 2	1/2 "rubber	plug to be	Ale up 4	.98 bbls
fresh we	tor, pressure	ed to sa	D PSP,	released	pressure	what in ca	sing.	
	<i>/</i> /						-0	
							$L \cup$	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	-	UNIT PRICE	TOTAL
5401	)	PUMP CHARGE	19 19. Mar 19.		1030.00
5406	20 mi	MILEAGE			80,00
5402	887'	Casing tootage			
5407	minimum	ton milease			350.00
55020	2 hrs	80 lkc			180,00
1124	148 sks	\$150 Poquix cement			1620,1.0
1118B	349 #	Premium Gel			73.29
111	311 #	Salt	1		115.07
11104	740 #	Kolsoal			340.40
4402	1	21/2" Nubber plug			28,00
1401	1/2 gal	HE-100 Polymer			23.63
		·			
	<u> </u>			<u>1</u>	Might
			7.3%	SALES TAX	160.67
Ravin 3737		. ()		ESTIMATED TOTAL	4001,66

AUTHORIZTION <u>No Co Rep on location</u> 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.

