



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1121060

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: \_\_\_\_\_

1121060

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | 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

## DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease  
(If vented, Submit ACO-18.)

## METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
(Submit ACO-5) (Submit ACO-4)  
☐ Other (Specify) \_\_\_\_\_

## PRODUCTION INTERVAL:

\_\_\_\_\_  
\_\_\_\_\_

LEASE NAME: SAUDER 22

GEOLOGIST: DOUG EVANS

TOTAL DEPTH: 1031 P.B.T.D.

**OIL PURCHASER: COFFEYVILLE RESOURCES**

**PLUG WELL:** 50ft at TD  
50ft at top of KC  
250 to surface  
95 Sacks

50ft at top of KC

250 to surface

## 95 Sacks



**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 # 250576

Invoice Date: 06/15/2012 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

SAUDER 22 #A-1  
39779  
22-22-17  
06-14-2012  
KS

| Part Number | Description             | Qty   | Unit Price | Total  |
|-------------|-------------------------|-------|------------|--------|
| 1124        | 50/50 POZ CEMENT MIX    | 35.00 | 10.9500    | 383.25 |
| 1118B       | PREMIUM GEL / BENTONITE | 59.00 | .2100      | 12.39  |
| 1107A       | PHENOSEAL (M) 40# BAG)  | 18.00 | 1.2900     | 23.22  |

  

| Description                     | Hours | Unit Price | Total  |
|---------------------------------|-------|------------|--------|
| T-106 WATER TRANSPORT (CEMENT)  | 3.00  | 112.00     | 336.00 |
| 510 MIN. BULK DELIVERY          | 1.00  | 350.00     | 350.00 |
| 666 CEMENT PUMP (SURFACE)       | 1.00  | 825.00     | 825.00 |
| 666 EQUIPMENT MILEAGE (ONE WAY) | 50.00 | 4.00       | 200.00 |
| 666 CASING FOOTAGE              | 41.00 | .00        | .00    |

Parts: 418.86 Freight: .00 Tax: 26.38 AR 2156.24  
Labor: .00 Misc: .00 Total: 2156.24  
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





## FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 39779  
LOCATION Ottawa, KS  
FOREMAN Casely Kennedy

|                               |             |                    |         |          |       |        |
|-------------------------------|-------------|--------------------|---------|----------|-------|--------|
| DATE                          | CUSTOMER #  | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 6/14/12                       | 3244        | Sauder 22 # A-1    | NW 22   | 22       | 17    | CO     |
| CUSTOMER<br>Altavista         |             |                    |         |          |       |        |
| MAILING ADDRESS<br>PO Box 128 |             |                    |         |          |       |        |
| CITY<br>Wellsville            | STATE<br>KS | ZIP CODE<br>666092 |         |          |       |        |

|          |         |         |        |
|----------|---------|---------|--------|
| TRUCK #  | DRIVER  | TRUCK # | DRIVER |
| 481      | Casken  | CK      |        |
| 6666     | Gar Moo | GM      |        |
| 510      | Set Tue | ST      |        |
| 505-Trou | Kei Det | KD      |        |

|                              |                          |                       |                                 |
|------------------------------|--------------------------|-----------------------|---------------------------------|
| JOB TYPE <u>surface</u>      | HOLE SIZE <u>12 1/4"</u> | HOLE DEPTH <u>41'</u> | CASING SIZE & WEIGHT <u>7"</u>  |
| CASING DEPTH <u>41'</u>      | DRILL PIPE _____         | TUBING _____          | OTHER _____                     |
| SLURRY WEIGHT _____          | SLURRY VOL _____         | WATER gal/sk _____    | CEMENT LEFT in CASING <u>5'</u> |
| DISPLACEMENT <u>1.5 bbls</u> | DISPLACEMENT PSI _____   | MIX PSI _____         | RATE <u>4.6 bpm</u>             |

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 50/50 Pozmix cement w/ 2% gel + 1/2# Phenoxsod per sk, cement to surface, displaced cement w/ 1.5 bbls fresh water, shut in casing.

[illegible]

Rayin 3737

AUTHORIZATION No Co. Rep. on location TITLE 250516 DATE 2156.24

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 fo