



KANSAS CORPORATION COMMISSION 1157414
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: _____



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Williams A-7
Lease Owner:Altavista

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

Commenced Spudding:
7/17/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	soil - clay	18
63	shale	81
23	lime	104
8	shale	112
9	lime	121
6	shale	127
28	lime	155
19	shale	174
17	lime	191
23	sand	214
55	shale	269
21	lime	290
6	shale	296
1	sandy lime	297
3	sandy shale	300
6	shale	306
3	shale & lime	309
6	lime	315
30	shale	345
8	lime	353
6	shale	359*
3	lime	362
14	shale	376
10	lime	386
1	shale	387
11	lime	398
9	shale	407
22	lime	429
4	sh	433
3	lime	436
4	sh	440
7	lime	447
6	sh	453
7	sand	460
31	shale	491
49	sandy shale	540
23	shale	563
11	sand	574
23	shale	597
6	shale & lime	603

Franklin County, KS
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Commenced Spudding:
7/17/2013

16	shale	619
7	lime	626
7	shale	633
3	lime	636
9	shale	645
8	lime	653
14	shale	667
3	lime	670
11	shale	681
5	lime	686
4	shale	690
15	shale	705
2	lime	707
5	shale	712
12	sand	724
4	sand	728
37	sandy shale	765
5	sand & shale	770
6	sandy shale	776
81	shale	857
27	sand & shale	884
8	sand	892
2	sand & shale	894
2	sand	896
4	sandy shale	900-TD

Log Book

Well No. A-7

Farm Williams

KS Franklin
(State) (County)

24 15 20
(Section) (Township) (Range)

For Altavista Energy inc
(Well Owner)

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

Thickness of Strata	Formation	Total Depth	Remarks
0-18	Soil - clay	18	
63	shale	81	
23	Lime	104	
8	shale	112	
9	Lime	121	
6	shale	127	
28	Lime	155	shells
19	shale	174	
17	Lime	191	shells
23	sand	214	
55	shale	269	195-198 shale - no oil
21	Lime	290	
6	shale	296	
1	sandy lime	297	
3	sandy shale	300	
6	shale	306	
3	shale & lime	309	redbed
6	Lime	315	
30	shale	345	
8	Lime	353	
6	shale	359	
3	Lime	362	
14	shale	376	
10	Lime	386	383- oil
1	shale	387	
11	Lime	398	396- oil
9	shale	407	

407

Thickness of Strata	Formation	Total Depth	Remarks
22	Lime	429	
4	Shale	433	
3	Lime	436	
4	Shale	440	
7	Lime	447	Hertha
6	Shale	453	
7	sand	460	no Oil
31	Shale	491	
49	sandy shale	540	
23	Shale	563	
11	sand	574	no Oil
23	Shale	597	
6	Shale & lime	603	
16	Shale	619	
7	Lime	626	
7	Shale	633	
3	Lime	636	
9	Shale	645	
8	Lime	653	
14	Shale	667	
3	Lime	670	
11	Shale	681	
5	Lime	686	
4	Shale	690	& Lime
15	Shale	705	
2	Lime	707	
5	Shale	712	



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 # 260711

Invoice Date: 07/22/2013 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

WILLIAMS A-7
42205
24-15-20
07-18-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	95.00	11.5000	1092.50
1118B	PREMIUM GEL / BENTONITE	479.00	.2200	105.38

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495 P & A NEW WELL	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	1197.88	Freight:	.00	Tax:	91.64	AR	3096.52
Labor:	.00	Misc:	.00	Total:	3096.52		
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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

