



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173145  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1173145

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Douglas County, KS  
 Well: AI-23  
 Lease Owner: Altavista Energy

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

Commenced Spudding:  
 11/18/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	soil-clay	14
1	lime	15
8	shale	23
4	lime	27
140	shale	167
5	lime	172
3	shale	175
2	lime	177
2	shale	179
16	lime	195
7	shale	202
6	lime	208
6	shale	214
24	lime	238
25	sandy shale	263
18	lime	281
20	sandy shale	301
53	shale	354
22	lime	376
19	shale	395
7	lime	402
13	shale	415
10	sandy shale	425
18	lime	443
17	shale	460
26	lime	486
6	shale	492
24	lime	516
4	shale	520
4	lime	524
3	shale	527
7	lime	534
168	shale	702
7	lime	709
6	shale	715
3	lime	718
6	shale	724
6	lime	730
17	shale	747
4	lime	751



# 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 x 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. AI-23

Farm Baldwin Unit

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
0-14	soil-clay	14	
1	Lime	15	
8	shale	23	
4	Lime	27	
140	shale	167	
5	Lime	172	
3	shale	175	
2	Lime	177	
2	shale	179	
16	Lime	195	
7	shale	202	
6	Lime	208	
6	shale	214	
24	Lime	238	shells
25	sandy shale	263	
18	Lime	281	
20	sandy shale	301	
53	shale	354	
22	Lime	376	
19	shale	395	
7	Lime	402	
13	shale	415	
10	sand	425	no oil
18	Lime	443	
17	shale	460	
26	Lime	486	
6	shale	492	

492

Thickness of Strata	Formation	Total Depth	Remarks
24	Lime	516	
4	Shale	520	
4	Lime	524	
3	Shale	527	
7	Lime	534	
16 1/2	Shale	702	Hesthe
7	Lime	709	
6	Shale	715	
3	Lime	718	
6	Shale	724	
6	Lime	730	
17	Shale	747	
4	Lime	751	
45	Shale	796	
1	Lime	797	
5	Shale	802	
8	sandy shale	810	
10	Sand	820	
6	sandy shale	826	brown - odor - no show
11	Sand	837	
2	Sand & sandy lime	839	solid - poor saturation
2	sandy lime	841	no oil
2	sand & sandy lime	843	
6	Sand	849	solid - poor saturation
8	Sand	857	solid - good saturation
8	Sand	865	black - dead oil
95	Shale	960	TSS

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perf bottom<sup>5</sup> 10 ft





**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 # 264162

Invoice Date: 11/22/2013 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

BALDWIN UNIT AI-23  
44826  
SE 1-15-20  
11-19-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	127.00	11.5000	1460.50
1118B	PREMIUM GEL / BENTONITE	413.00	.2200	90.86
1111	SODIUM CHLORIDE (GRANULA	245.00	.3900	95.55
1110A	KOL SEAL (50# BAG)	635.00	.4600	292.10
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666 CASING FOOTAGE	948.00	.00	.00

Parts: 1992.14 Freight: .00 Tax: 142.45 AR 3896.59  
 Labor: .00 Misc: .00 Total: 3896.59  
 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



**CONSOLIDATED**  
Oil Well Services, LLC

264162

TICKET NUMBER 44826  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

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
11/19/13	3244	Baldwin Unit #AT-23	SE 1	15	20	D6
CUSTOMER <u>Attavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 128</u>			DRIVER			
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>666092</u>	TRUCK #		DRIVER
				<u>729</u>	<u>Carlen</u>	<u>✓ Safety Meeting</u>
				<u>6660</u>	<u>Gar Moo</u>	<u>✓</u>
				<u>510</u>	<u>Set Tex</u>	<u>✓</u>
				<u>370</u>	<u>Kei Car</u>	<u>✓</u>

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 948' DRILL PIPE \_\_\_\_\_ TUBING baffle - 916' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 32'  
DISPLACEMENT 5.30 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, circulated well for 1 hr to condition hole, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 127 sks 50/50 Pozmix cement w/ 200 gal, 5% salt, & 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.30 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Handwritten signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	20 mi	MILEAGE		84.00 ✓
5402	948'	Casing footage		✓
5407	minimum	ten mileage		368.00 ✓
5502C	2.5 hrs	80 Ucc		225.00 ✓
1124	127 sks	50/50 Pozmix cement		1460.50 ✓
1118B	413 #	Premium Gel		90.86 ✓
1111	245 #	SALT		95.55 ✓
1110A	635 #	Kalseal		292.10 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
1401	1/2 gal	Polymer		23.63 ✓
			7.15%	SALES TAX
				ESTIMATED
				TOTAL
				142.45 ✓
				3896.59 ✓

**Completed**

Revin 3737

AUTHORIZATION No Co. Rep on location 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