Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1181016

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 #	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 #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
	County:

Name:		(e.g. xx.xxxx) (e.gxxx.xx)	xxx)
		Datum: NAD27 NAD83 WGS84	
Wellsite Geologist:		County:	
Purchaser: Designate Type of Completion: New Well Re-Entry Oil WSW SWD Gas D&A ENHR OG GSW CM (Coal Bed Methane)	 Workover SIOW SIGW Temp. Abd. 	Lease Name:	
Cathodic Other (Core, Expl., etc.): _ If Workover/Re-entry: Old Well Info as follows: Operator: Well Name:		If yes, show depth set:	
Original Comp. Date: Original Deepening Re-perf. Conv. to Plug Back Conv. to	ENHR Conv. to SWD GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content:	bbls
Dual Completion Permit #: SWD Permit #: ENHR Permit #:		Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #:	
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date	Quarter Sec TwpS. R East County: Permit #:	West

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:

	Page Iwo	1181016
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated. De	tail all aaroo Danart all final	conice of drill stome tests sining interval tested time test

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 (Attach Additional She	ets)	Yes No		Log	Formatio	n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			NG RECORD	New	Used			
		Report all strings s	set-conductor, sur	face, interme	ediate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / I		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIO	NAL CEMENTIN	G / SQUEE	ZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks I	Used		Type and P	ercent Additives	
Protect Casing Plug Back TD								

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)

Plug Off Zone

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval F)e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	lun:	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	? .	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
DISPOSITI	ION OF C	GAS:			METHOD		TION:		PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 I	Used on Lease		Open Hole	Perf.	Dually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)		(Submit /	,	(500/11/ 400-4)		

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

			D	RILLE	RS LO	DG						
API NO: 15 - 031	23747 - 0	0 - 00		-			-	S. 28	T. 22	R. 16	<u>E.</u>	W.
OPERATOR: D. E. EX	LORATION	I INC.		_				LC	CATION:	SE SE N	W NE	
ADDRESS: P.O. BOX	128 M/ELL		66092						COUNTY: ELEV. GR.:	COFFEY 1020		
							-		DF:	1020	KB:	
WELL #: <u>Ri - 12</u>	-0		E NAME:				-					
FOOTAGE LOCATION:	4260	, FEET	FROM	(N)	<u>(S)</u>	LINE	1380		FROM		(W)	LINE
CONTRACTOR:	FINNEY D	RILLING C	OMPANY		•11		GEO	LOGIST:	DOUG E	VANS		
SPUD DATE:	11/21	/2013	1				ΤΟΤΑ	L DEPTH:	1112	- 5	P.B.T.D.	
DATE COMPLETED:	11/26	6/2013	· ~	ASING	BECO	חס	OIL PUR	CHASER:	COFFEYVIL	LE RESOURCE	S CRUDE T	RANSPORTATIO
REPORT OF ALL ST	RINGS - SU	IRFACE IN	-									
PURPOSE OF STRING	SIZE HOLE	SIZE CASI	NG SET (in D.)	WEIGHT		IG DEPTH	TYPE	SACKS	ТҮРЕ	AND % ADD	TIVES	1
SURFACE:	DRILLED 12.2500		7	LBS/FT 19		40	OWC			COMPANY		1
PRODUCTION:	5.8750	2.875	50 Brd	6.5		05.81	owc		SERVICE	COMPANY	-	J
				WELL	LOG		-					
CORES:	#			-			RAN:	1 - FLOA	 Residence (1998) 			
RECOVERED: ACTUAL CORING TIME:								1 - BAFFI 3 - CENT	RALIZER			
								1 - CLAM	P			
F	ORMATIC	ON	TOP	BOTTO	N	F	ORMATIC	ON	TOP	BOTTON	1	
TOP SOIL CLAY	•		0	3 15	1	CAP LIME			997	998		
SAND & C	GRAVEL		3 15	30		SHALE CAP LIME			998 999	999 1000		
LIME			30	32	1	OIL SAND			1000	1011		
SHALE		D.0. 11.0	32 214	214 269		SAND & S	HALE		1011	1112 T.D.		
SHALE			269	346								
LIME			346	364								
SHALE			364	371								
LIME			371 375	375		-						
LIME			379	482								
SHALE	,		482	490								
LIME			490	496								
SHALE			496	515								
SHALE	,		515 580	580 584								
LIME			584	604						-		
SHALE			604	608								
LIME			608	631								
SHALE			631	812								
SHALE			812 823	823 856		-						
LIME			856	858						<u> </u>		
SHALE			858	873								
LIME			873	874								
SHALE			874	879			2					
SHALE			879	888								
LIME			888 890	890 892								
SHALE			890	906						├		
LIME			906	911			9-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
SHALE			911	913			500115100					
SAND & S	HALE		913	925								
LIME			925	932								
SAND & S	HALE		932	945								
SHALE			945 948	948 957								
LIME			948	960						<u> </u>		
SHALE	2304		960	997		9						
										and the second		

Oil Well Services, LLC	REMIT TO Consolidated Oil Well Se Dept. 970 P.O. Box 434 Houston, TX 77210	6	Chanu 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 te, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	
Invoice Date: 11/25/2013				ige 1
ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057	448 NE	28-22-16 21-2013		============
1118BPREMIUM1111SODIUM	tion OZ CEMENT MIX GEL / BENTONITE CHLORIDE (GRANULA L (50# BAG)	41.00 69.00	.3900	
Description 370 80 BBL VACUUM TRUCK (C 548 TON MILEAGE DELIVERY 666 CEMENT PUMP (SURFACE) 666 EQUIPMENT MILEAGE (ONE 666 CASING FOOTAGE		1.50 1.00	Unit Price 90.00 120.97 870.00 4.20 .00	Total 135.00 120.97 870.00 .00 .00

Parts:	611.79	Freight:	.00	Tax:	37.62	AR	1775.38
Labor:	.00	Misc:	.00	Total:	1775.38		
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
 CUSHING, OK

 918/338-0808
 316/322-7022
 620/583-7664
 580/762-2303
 785/672-8822
 785/242-4044
 620/839-5269
 307/686-4914
 918/225-2650



264266

TICKET NUMBER <u>44881</u> LOCATION Mawa KS FOREMAN Grey Keynedy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT CEMENT

			CLINEN				
DATE	CUSTOMER #	WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
(1/2)/13	3244	Flake # RI-	12	NE28	22	16	CS
CUSTOMER					State of the second		
Altou	ista Enerc	14	_	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR				729	Cashen	V Safery	and i
Po	Box 128	•		660	GarMon	V	Feeling
CITY	and a second	STATE ZIP CODE		548	Miktag	1/	
Wellsu	ille	HS 66092		370	Keilar	1	
JOB TYPE_SU	rface	HOLE SIZE / 2 /4 "	HOLE DEPTH			WEIGHT 7"	1
CASING DEPTH	40'	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/s	ik	CEMENT LEFT In	CASING 4'	
DISPLACEMEN		DISPLACEMENT PSI	MIX PSI	The second s	RATE 4.56	pm	
REMARKS: he	ld safety	meeting, establishing	of circula	ation As	sod tour	sed 41	\$\$ 59/50
Poznia	concent		o salt.			- sk, celi	10.10 %
		consent w/ 1.	56Hs A	esh water	what is	casing .	
		· · · · · · · · · · · · · · · · · · ·				2	
			and the second se			100 March 100 Ma	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE		\$70.00
5406	on lease	MILEAGE		
5402	40'	rasing tootage		
54074	85.793	ton mileage		120.97
5502C	1.5 hrs	80 Vac		135.00
1124	41 sks	5% 50 Poquie cement		
11183	(e9 #	Peurium Gel		471.50
111	79 4	Saft		15.18
	A REAL PROPERTY AND ADDRESS OF THE OWNER	Kolsed		30.81
_/1/0A	265 #	501.5801		94.30
		(***	The second and the second second second	
		£.		л П
				•
avin 3737		(e,1	5% SALES TAX	37.62
4411 37 37			ESTIMATED	manager and the

AUTHORIZTION 100 CO. Rep on location TITLE _____ DATE _____ DATE ______ DATE ______ DATE ______ 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

	Oil Well Ser	a serie of a serie state.	<i>REMIT TO</i> 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							
INVOIC					Invoice #							
Invoice Date: 11/27/2013 Terms: 0/0/30,n/30 Page												
4 E W	ALTAVISTA ENERG 595 K-33 HIGHW 2.0. BOX 128 VELLSVILLE KS (785)883-4057											
1124 50, 1118B PRI 1111 SOI 1110A KOI		50/50 POS PREMIUM (SODIUM CI KOL SEAL	50/50 POZ CEMENT MIX 1 PREMIUM GEL / BENTONITE 3 SODIUM CHLORIDE (GRANULA 2		Unit Price 11.5000 .2200 .3900 .4600 29.5000	Total 1610.00 73.70 105.30 322.00 29.50						
368 368 368 369	68 EQUIPMENT MILEAGE (ONE WA 68 CASING FOOTAGE 69 80 BBL VACUUM TRUCK (CEME			1.00 45.00 1105.00	90.00	Total 1085.00 189.00 .00 225.00 413.06						

Parts:	2140.50	Freight:	.00	Tax:	131.64	AR	4184.20			
Labor:	.00	Misc:	.00	Total:	4184.20					
Sublt:	.00	Supplies:	.00	Change:	.00					

TICKET NUMBER 54 264387 CONSOLIDATED LOCATION 07 que Gil Well Services, LLC FOREMAN Han FIELD TICKET & TREATMENT REPORT PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 CEMENT DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY Cf 26 LLL -11 NE Ko 2 22 16 CUSTO MER Q TRUCK # DRIVER TRUCK# DRIVER MAILING ADDRESS 730 Man Saver lee 6 ZIP CODE CITY STATE 6 6600 KS HOLE SIZE HOLE DEPTH JOB TYPE 10MS CASING SIZE & WEIGHT CASING DEPTH DRILL PIPE TUBING 67 OTHER SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING DISPLACEMENT 800 MIX PSI DISPLACEMENT PSI RATE **REMARKS:** PP tab Te 0 r oum SP. 140 ement 0 Ins 50 .Sc Circulate, CRW - 6-P-G D.P. e un ner helo 11 10 819 INVE Finney ACCOUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE CODE TOTAL PUMP CHARGE VOI 368 45 MILEAGE 3/5 1105 a.s.n. SID n. 369 23 124 5:2 Cemen 11181 • • 270# Sa ODE 1110 Kolse 4402 · · · d SALES TAX Ravin 3737 company NO ESTIMATED J:Sun TOTAL-AUTHORIZTION 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 f