

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1187228

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

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: _____

1187228

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 ☐ Yes ☐ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No 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				

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: ☐ Yes ☐ No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

DRILLERS LOG

API NO: 15 - 031 - 23619 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: A - 2 LEASE NAME: WILFRED LEHMANN

FOOTAGE LOCATION: 3795 FEET FROM (N) (S) LINE 165 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

SPUD DATE: 9/6/2013

DATE COMPLETED: 9/10/2013

GEOLOGIST: DOUG EVANS

TOTAL DEPTH: 1081 P.B.T.D.

OIL PURCHASER: COFFEYVILLE RESOURCES

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	23	43.80	OWC	57	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1071.20	OWC	119	SERVICE COMPANY

WELL LOG

CORES: # 1 - 982 - 997

RECOVERED:

ACTUAL CORING TIME:

RAN: 3 - CENTRALIZERS

1 - FLOAT SHOE

1 - BAFFLE

1 - COLLAR

1 - SEATING NIPPLE

1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	16
SAND & GRAVEL	16	31
SHALE	31	179
LIME	179	231
SAND & SHALE	231	301
LIME	301	318
SHALE	318	321
LIME	321	328
SHALE	328	391
LIME	391	444
SHALE	444	452
LIME	452	454
SHALE	454	464
RED BED	464	473
SHALE	473	509
LIME	509	563
SHALE	563	566
LIME	566	590
SHALE	590	596
LIME	596	614
SHALE	614	776
LIME	776	789
SHALE	789	797
LIME	797	805
SAND & SHALE	805	811
LIME	811	816
SHALE	816	827
LIME	827	828
SHALE	828	836
LIME	836	837
SHALE	837	839
LIME	839	840
SAND & SHALE	840	866
LIME	866	872
SAND & SHALE	872	892
LIME	892	895
SHALE	895	911
LIME	911	914
SAND & SHALE	914	935
LIME	935	939
SHALE	939	947

[illegible]



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 # 262109

Invoice Date: 09/11/2013 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

WELFIELD LEHMANN A-2
38975
SE 1/4 23-22-16
09-06-2013
KS

Part Number	Description	Qty	Unit	Price	Total
1104S	CLASS "A" CEMENT (SALE)	39.00		15.7000	612.30
1118B	PREMIUM GEL / BENTONITE	73.00		.2200	16.06

Description	Hours	Unit	Price	Total
503 MIN. BULK DELIVERY	1.00		368.00	368.00
666 CEMENT PUMP (SURFACE)	1.00		870.00	870.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00		4.20	189.00
666 CASING FOOTAGE	43.80		.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00		90.00	180.00

Parts: 628.36 Freight: .00 Tax: 38.65 AR 2274.01
Labor: .00 Misc: .00 Total: 2274.01
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



FIELD TICKET & TREATMENT REPORT

FOREMAN Jim Greca

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
09-06-15	3244	Welfield Lehman A-2	SE 4 23	22	16	CF
CUSTOMER Altavesta Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsuite	STATE Ke	ZIP CODE 66092	TRUCK #	DRIVER	TRUCK #	DRIVER
			669	Sim Gre		
			666	Gar Moo		
			675	Jas Ric		
			503	Dan Det		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>43.80</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>43.80</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Held crew meeting. Established circulating mix and pump 395k Class A cement with 22 gal. Circulated cement to surface. Displace 7" with 1.5 BBL's clean water close valves.

[illegible]

Ravin 3737

AUTHORIZATION

Kent Ferry

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.



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 # 262227

Invoice Date: 09/16/2013 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

WILFRED LEHMANN A-2
42464
NE 23-20-16
09-10-2013
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	133.00		11.5000	1529.50
1118B	PREMIUM GEL / BENTONITE	324.00		.2200	71.28
1111	SODIUM CHLORIDE (GRANULA	257.00		.3900	100.23
1110A	KOL SEAL (50# BAG)	665.00		.4600	305.90
4402	2 1/2" RUBBER PLUG	1.00		29.5000	29.50

Description	Hours	Unit	Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00		90.00	180.00
479 TON MILEAGE DELIVERY	278.30		1.41	392.40
495 CEMENT PUMP	1.00		1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00		4.20	189.00
495 CASING FOOTAGE	1071.00		.00	.00

Parts:	2036.41	Freight:	.00	Tax:	125.22	AR	4008.03
Labor:	.00	Misc:	.00	Total:	4008.03		
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



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 42464
LOCATION Ottawa KS
FOREMAN Fred Mader

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1081 CASING SIZE & WEIGHT 2 3/8 EUE
CASING DEPTH 1671 DRILL PIPE Baffle in TUBING @ 1042 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29' + Plug
DISPLACEMENT 6.06 DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM
REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100# Gel
Flush. Mix + Pump 0.33 sks 50/50 Por mix Cement 2% Gel 5% Salt
5# ~~Salt~~ Gel Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to Baffle. Pressure to 500# PSI.
Release pressure to set Float Valve. Shut in casing.

Kurt Finner, Drilling

Fred Mader

[illegible]

Flavin 3737

AUTHORIZATION [Signature] 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