



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1193600  
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: \_\_\_\_\_

1193600

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Douglas County, KS  
Well: Jim Bell A-10  
Lease Owner: Altavista

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

Commenced Spudding:  
12/13/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	soil-clay	21
2	lime	23
8	shale	31
4	lime	35
135	shale	170
8	lime	178
8	shale	186
14	lime	200
8	shale	208
7	lime	215
6	shale	221
39	lime	2630
4	shale	264
19	lime	283
72	shale	355
22	lime	377
17	shale	394
7	lime	401
15	shale	416
9	sand	425
20	lime	445
3	shale	448
2	lime	450
10	shale	460
25	lime	485
6	shale	491
25	lime	516
4	shale	520
4	lime	524
4	shale	528
5	lime	533
173	shale	706
8	lime	714
6	shale	720
5	lime	725
5	shale	730
7	lime	737
14	shale	751
5	lime	756
8	shale	764



# Short Cuts

## TANK CAPACITY

BBLs. (42 gal.) equals  $D^2 \times 14xh$

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .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. A-10

Farm Jim Bell

KS  
(State)

Douglas  
(County)

1  
(Section)

15  
(Township)

20  
(Range)

For Altavista Energy inc  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
Louisburg, KS 66053  
913-710-5400

Jim Bell Farm: Douglas County  
 KS State; Well No. A-10

Elevation 1045

Commenced Spuding Dec 13 20 13

Finished Drilling Dec 16 20 13

Driller's Name Wesley Dillard

Driller's Name

Driller's Name

Tool Dresser's Name Greg Perry

Tool Dresser's Name Ryan Ward

Tool Dresser's Name

Contractor's Name TOS

1 15 20  
 (Section) (Township) (Range)

Distance from S line, 4785 ft.

Distance from E line, 4785 ft.

8 sacks  
 8 hrs

CASING AND TUBING  
 RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
 8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_  
 7 5/8" Set 45 6 1/4" Pulled \_\_\_\_\_  
 4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
 2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
804.	90	Seat nipple			
836.40		Baffle			
867.90		Float			
					2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-21	soil-clay	21	
2	Lime	23	
8	shale	31	
4	Lime	35	
135	shale	170	
8	Lime	178	
8	shale	186	
14	Lime	200	
8	shale	208	
7	Lime	215	
6	shale	221	
39	Lime	260	
4	shale	264	
19	Lime	283	
72	shale	355	
22	Lime	377	
17	shale	394	
7	Lime	401	
15	shale	416	
9	sand	425	no oil
20	Lime	445	
3	shale	448	
2	Lime	450	
10	shale	460	
25	Lime	485	
6	shale	491	
25	Lime	516	

516

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	520	
4	Lime	524	
4	Shale	528	
5	Lime	533	Heath
173	Shale	706	
8	Lime	714	
6	Shale	720	
5	Lime	725	
5	Shale	730	
7	Lime	737	
14	Shale	751	
5	Lime	756	
8	Shale	764	
8	sandy Lime	772	color - slight show
5	Lime	777	
14	Shale	791	
2	Lime	793	
2	Shale	800	
1	Lime	801	
5	Shale	806	
3	sand	809	broken - 10%
5	sand	814	mostly solid - poor saturation
1	sandy Lime	815	no Oil
6	sand	821	mostly solid - OK show
79	sandy shale	900	TD





**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 # 264812

Invoice Date: 12/17/2013 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

JIM BELL A-10  
44959  
SE 11-15-20  
12-16-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	11.5000	1391.50
1118B	PREMIUM GEL / BENTONITE	304.00	.2200	66.88
1111	SODIUM CHLORIDE (GRANULA	234.00	.3900	91.26
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
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
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495	CASING FOOTAGE	867.00	.00	.00
558	MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 1857.44 Freight: .00 Tax: 132.81 AR 3728.25  
 Labor: .00 Misc: .00 Total: 3728.25  
 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

