



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193604
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
-----------------------------------	-----------------	---

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: _____

1193604

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Douglas County, KS
 Well: Jim Bell A 11
 Lease Owner: Altavista

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

Commenced Spudding:
 12-10-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	soil/clay	13
2	lime	15
10	shale	25
25	sandy shale	50
113	shale	163
9*	lime	172
3	shale	175
18	lime	193
8	shale	201
7	lime	208
6	shale	214
401	lime	254
4	shale	258
18	lime	276
6	shale	282
69	sandy shale	351
22	lime	373
18	shale	391
8	lime	399
13	shale	412
9	sandy shale	421
20	lime	441
16	shale	457
25	lime	482
6	shale	488
24	lime	512
4	shale	516
4	lime	5820
4	shale	524
6	lime	530
174	shale	704
7	lime	711
6	shale	717
7	lime	724
5	shale	729
7	lime	736
14	shale	750
4	lime	754
4	shale	758
4	lime	762

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. A-11

Farm Jim Bell

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
0-13	Soil-clay	13	
2	Lime	15	
10	shale	25	
25	sandy shale	50	
113	shale	163	
9	Lime	172	
3	shale	175	
18	Lime	193	
8	shale	201	
7	Lime	208	
6	shale	214	
40	Lime	254	shells
4	shale	258	
18	Lime	276	
6	shale	282	
69	sandy shale	351	some sand - no oil
22	Lime	373	
18	shale	391	
8	Lime	399	
13	shale	412	
9	sand	421	no oil
20	Lime	441	
16	shale	457	
25	Lime	482	
6	shale	488	
24	Lime	512	
4	shale	516	

516

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	520	
4	Shale	524	
6	Lime	530	
174	Shale	704	Heitha
7	Lime	711	
6	Shale	717	
7	Lime	724	
5	Shale	729	
7	Lime	736	
14	Shale	750	
4	Lime	754	
4	Shale	758	
4	Lime	762	
3	Shale	765	
5	Lime	770	
4	Shale	774	
2	Lime	776	
22	Shale	798	
3	Shale & Lime	801	
1	Lime	802	
5	Shale	807	
2	Sandy Shale	809	
1	Sand	810	broken - Oil
1	Sandy Lime	811	no Oil
11	Sand	822	broken - Oil
78	Sandy Shale	900	OK - Good TID



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 # 264707

Invoice Date: 12/13/2013 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

JIM BELL #11
44945
NW 1-15-20
12-11-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	112.00	11.5000	1288.00
1118B	PREMIUM GEL / BENTONITE	288.00	.2200	63.36
1111	SODIUM CHLORIDE (GRANULA	216.00	.3900	84.24
1110A	KOL SEAL (50# BAG)	560.00	.4600	257.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
368 CASING FOOTAGE	870.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	1722.70	Freight:	.00	Tax:	123.17	AR	3562.87
Labor:	.00	Misc:	.00	Total:	3562.87		
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

264707

TICKET NUMBER 44945

LOCATION Ottawa

FOREMAN Alan Mader

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
12-11-13	3244	J.m Bell # 11	NW 1	15	20	DG
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>730</u>	<u>Alamad</u>	<u>Safety</u>	<u>Meat</u>
CITY <u>Wellsville</u>			<u>368</u>	<u>Art McD</u>		
STATE <u>KS</u>			<u>369</u>	<u>Kei Car</u>		
ZIP CODE <u>66092</u>			<u>548</u>	<u>Mik Has</u>		
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>900</u>	CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>870</u>	DRILL PIPE	TUBING	OTHER <u>840</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>4.9</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>			
REMARKS: <u>Held meeting. Established rate down casing. Mixed & pumped 100# gel to flush hole followed by 112 sk 50150 cement plus 290 gal, 370 salt, 5# kolseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.</u>						

T.O.S. Wes

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	20	MILEAGE	368	84.00 ✓
5402	870	casing footage	368	✓
5407	mi	ten miles	348	368.00 ✓
5502L	2	80 vac	369	180.00 ✓
1124	112	50150 cement		1288.00 ✓
1193	288 #	gel		63.36 ✓
1111	216 #	salt		84.24 ✓
1104	560 #	kolseal		257.60 ✓
4402	1	2 1/2 plug		29.50 ✓
SCANNED				
SALES TAX				123.17 ✓
ESTIMATED TOTAL				3562.87 ✓

Ravin 3737

AUTHORIZATION Bryan Miller 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