



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193611
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: _____

1193611

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Jim Bill A12
Lease Owner: Altavista

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

Commenced Spudding:
12/11/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-19	soil-clay	19
4	lime	23
138	shale	161
6	lime	167
3	shale	170
2	lime	172
3	shale	175
14	lime	189
8	shale	197
8	lime	205
4	shale	209
29	lime	238
18	shale	256
19	lime	275
20	shale	295
53	shale	348
23	lime	371
18	shale	389
7	lime	396
15	shale	411
10	sand	421
19*	lime	440
3	shale	443
3	lime	446
10	shale	456
25	lime	481
7	shale	488
25	lime	513
4	shale	517
4	lime	521
4	shale	525
7	lime	532
161	shale	693
8	lime	701
5	shale	706
5	lime	711
7	shale	718
8	lime	726
13	shale	739
4	lime	743

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. A-12

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

Sim Bell Farm: Douglas County
KS State; Well No. A-12
Elevation 1041
Commenced Spuding Dec 11 20 13
Finished Drilling Dec 12 20 13
Driller's Name Wesley Dollard
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, 4455 ft.
Distance from E line, 4455 ft.

7 sacks
8 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 ⁷/₈" Set 45 6 ⁷/₈" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
795.	95	Seat nipple			
827.	55	Baffle			
859.	05	Float			
					2 ⁷ / ₈

Thickness of Strata	Formation	Total Depth	Remarks
0-19	Soil-clay	19	
4	Lime	23	
138	Shale	161	
6	Lime	167	
3	Shale	170	
2	Lime	172	
3	Shale	175	
14	Lime	189	
8	Shale	197	
8	Lime	205	
4	Shale	209	
29	Lime	238	
18	Shale	256	
19	Lime	275	
20	Shale	295	Some sand - no oil
53	Shale	348	
23	Lime	371	
18	Shale	389	
7	Lime	396	
15	Shale	411	
10	Sand	421	no oil
19	Lime	440	
3	Shale	443	
3	Lime	446	
10	Shale	456	
25	Lime	481	
7	Shale	488	

488

Thickness of Strata	Formation	Total Depth	Remarks
25	Lime	513	
4	Shale	517	
4	Lime	521	
4	Shale	525	
7	Lime	532	
161	Shale	693	Heitza
8	Lime	701	
5	Shale	706	
5	Lime	711	
7	Shale	718	
8	Lime	726	
13	Shale	739	
4	Lime	743	
8	Shale	751	
7	Lime	758	
2	Shale	760	odor - no show
3	Lime	763	
21	Shale	784	
4	Lime	788	
10	Shale	798	
1	Sand	799	broken - oil
10	Sand	809	mostly solid - ok show
91	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 # 264756

Invoice Date: 12/16/2013 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

JIM BELL #12
44942
SE 11-15-20
12-12-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	126.00	11.5000	1449.00
1118B	PREMIUM GEL / BENTONITE	312.00	.2200	68.64
1111	SODIUM CHLORIDE (GRANULA	244.00	.3900	95.16
1110A	KOL SEAL (50# BAG)	630.00	.4600	289.80
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495	CASING FOOTAGE	859.00	.00	.00
510	MIN. BULK DELIVERY	1.00	368.00	368.00

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Parts: 1932.10 Freight: .00 Tax: 138.14 AR 3763.24
Labor: .00 Misc: .00 Total: 3763.24
Sublt: .00 Supplies: .00 Change: .00
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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

264756

TICKET NUMBER 44942

LOCATION Ottawa KS.

FOREMAN Fred Maden

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
12.12.13	3255	Jim Bell # 12	SE 11	15	20	DG

CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy		712	Fred Mad		
MAILING ADDRESS		495	Har Bar		
P.O. Box 128		370	Ki Car		
CITY			Set Tue		
Wellsville					
STATE					
KS					
ZIP CODE					

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 900 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 659 DRILL PIPE Baffle in TUBING @ 827 OTHER _____
 SLURRY WEIGHT 8.8 BL SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32" x Plug
 DISPLACEMENT 4.588 BL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew mixing. safety. Establish pump rate. Mix + Pump 100#
Gal Flush. Mix + Pump 126 sks 50/50 Por Mix Cement 22 gal 5%
Salt 5# Hal Seal / sk. Cement to surface. Flush pump & lines
clean. Displace 2 1/2" Rubber Plug to baffle in casing. Pressure
to 800 # PSI. Release pressure to set float valve. Shut in
casing.

TOS Drilling, Wesley Dollard

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	25 mi	MILEAGE	495	105 ⁰⁰
5402	659	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 ⁹⁰
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1124	126 sks	50/50 Por Mix Cement		1449 ⁰⁰
1115B	312 #	Premium Gel		68 ⁶⁴
1111	244 #	Granulated Salt		95 ¹⁶
1110A	630 #	Hal Seal		289 ⁸⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.45%	SALES TAX
				ESTIMATED
				TOTAL

completed

7.45% SALES TAX 138¹⁴
 ESTIMATED TOTAL 376²⁴

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.