



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193618
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: _____

1193618

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 Bell A-14
Lease Owner: AltaVista

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

Commenced Spudding:
1/17/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-24	Soil-Clay	24
24	Shale	48
2	Lime	50
9	Shale	59
4	Lime	63
133	Shale	196
8	Lime	204
3	Shale	207
3	Lime	210
2	Shale	212
14	Lime	226
8	Shale	234
7	Lime	241
6	Shale	247
58	Lime	305
20	Sandy Shale	325
51	Shale	376
22	Lime	398
14	Shale	412
12	Lime	424
15	Shale	439
6	Sand	445
22	Lime	467
15	Shale	482
24	Lime	506
6	Shale	512
25	Lime	537
5	Shale	542
4	Lime	546
3	Shale	549
6	Lime	555
179	Shale	734
3	Lime	737
5	Shale	742
7	Lime	749
7	Shale	756
9	Lime	765
13	Shale	778
3	Lime	781
7	Shale	788

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 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-14

Farm Jim Bell

KS Douglas
(State) (County)

36 14 20
(Section) (Township) (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-74

Elevation 1078

Commenced Spuding Jan 17 2014

Finished Drilling Jan 20 2014

Driller's Name Wesley Dillard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Greg Pally

Tool Dresser's Name Ryan Ward

Tool Dresser's Name _____

Contractor's Name TOS

36 14 20

(Section) (Township) (Range)
 Distance from S line, 1155 ft.

Distance from E line, 4455 ft.

7 sacks

10 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/2" Set 44 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

plugged bottom 60' of hole
 CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
836	80	Sept		ripple	
870		Baffle			
899		Float		2 7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-24	soil-clay	24	
24	Shale	48	
2	Lime	50	
9	Shale	59	
4	Lime	63	
133	Shale	196	
8	Lime	204	
3	Shale	207	
3	Lime	210	
2	Shale	212	
14	Lime	226	
8	Shale	234	
7	Lime	241	
6	Shale	247	
58	Lime	305	
20	sandy shale	325	
51	shale	376	
22	Lime	398	
14	Shale	412	
12	Lime	424	
15	shale	439	
6	Sand	445	
22	Lime	467	no Oil
15	Shale	482	
24	Lime	506	
6	Shale	512	
25	Lime	537	

537

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	542	
4	Lime	546	
3	Shale	549	
6	Lime	555	
179	Shale	734	Heath
3	Lime	737	
5	Shale	742	
7	Lime	749	
7	Shale	756	
9	Lime	765	
13	Shale	778	
3	Lime	781	
7	Shale	788	
3	Sandy Lime	791	
3	Lime	794	
9	Shale	803	Lime
10	Shale & redbed	813	
10	Lime	823	
1	Shale	824	
2	Lime	826	
4	Shale	830	
1	sandy shale	831	
1	sandy shale	832	odor
6	snell	838	gas - brown sand - no oil
6	snell	844	broken - oil - slight show
8	sandy shale	852	
40	Shale	892	

892

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	897	
2	shale	899	
4	sand	903	- no Oil
21	sandy shale	924	
2	lime	926	
4	shale	930	
5	sand	935	also - ^{slight} no show
17	shale	952	
4	sand	956	slight show
10	sand	966	grey - no Oil
14	sandy shale	980	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 # 265515

Invoice Date: 01/22/2014 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

J. BELL A-14
44992
SW 36-14-20
01-20-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	11.5000	1483.50
1118B	PREMIUM GEL / BENTONITE	417.00	.2200	91.74
1111	SODIUM CHLORIDE (GRANULA	249.00	.3900	97.11
1110A	KOL SEAL (50# BAG)	645.00	.4600	296.70
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
503	MIN. BULK DELIVERY	1.00	368.00	368.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666	CASING FOOTAGE	899.00	.00	.00
675	80 BBL VACUUM TRUCK (CEMENT)	3.50	90.00	315.00

Parts:	1998.55	Freight:	.00	Tax:	142.89	AR	3993.44
Labor:	.00	Misc:	.00	Total:	3993.44		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

265515

TICKET NUMBER 44992

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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	
1/20/14	3244	J. Bell # A-14	Sw 36	14	20	DE	
CUSTOMER Attavista Energy				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 128				729	CasKen	✓ Safety Meeting	
CITY	STATE	ZIP CODE					
Wellsville	KS	66892					
JOB TYPE long string	HOLE SIZE 5 7/8"	HOLE DEPTH 920'	CASING SIZE & WEIGHT 2 7/8" EUE				
CASING DEPTH 899'	DRILL PIPE	TUBING baffle - 868'	OTHER				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING				
DISPLACEMENT 5.02 bbls	DISPLACEMENT PSI	MIX PSI	RATE 4.5 bpm				

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 129 sbs 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kolseal for sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing baffle w/ 5.02 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

BS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	20 mi.	MILEAGE		84.00 ✓
5402	899'	casing footage		
5407	minimum	ton mileage		368.00 ✓
5502c	3.5 hrs	80 Vac		315.00 ✓
1124	129 sbs	50/50 Pozmix cement		1483.50 ✓
1118B	417 #	Premium Gel		91.74 ✓
1111	249 #	Salt		97.11 ✓
1110A	645 #	Kolseal		296.70 ✓
4402	1	2 1/2" rubber plug		29.50 ✓

completed

7.15% SALES TAX 142.89 ✓
ESTIMATED TOTAL 3993.44

AVIN 3737
AUTHORIZATION *Bryan Kelly* 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.