



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202763
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: _____

1202763

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: Early A-2
Lease Owner: AltaVista

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

Commenced Spudding:
4/10/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
88	Sand	95
111	Shale	206
4	Lime	210
3	Sandy Shale	213
5	Shale	218
13	Lime	231
9	Shale	240
7	Lime	247
6	Shale	252
20	Lime	273
9	Shale	282
15	Sandy Shale	297
5	Shale	302
19	Lime	321
6	Sandy Shale	328
4	Sand	332
61	Shale	393
22	Lime	415
13	Shale	428
4	Shale	432
8	Lime	440
15	Shale	455
8	Sandy Shale	463
19	Lime	482
5	Shale	487
1	Lime	488
12	Shale	500
23	Lime	523
8	Shale	531
3	Shale	534
20	Lime	554
5	Shale	559
4	Lime	563
3	Shale	566
6	Lime	572
8	Shale	580
9	Sandy Shale	584
97	Shale	686
12	Sand	698

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-2

Farm Early

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (Range)

For Altavista
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil-Clay	7	
88	Sand	95	
111	Shale	206	
4	Lime	210	
3	Sandy Shale	213	No Oil
5	Shale	218	
13	Lime	231	
9	Shale	240	
7	Lime	247	
6	Shale	253	
20	Lime	273	Shells
9	Shale	282	
15	Sand & Sandy Shale	297	No Oil
5	Shale	302	
19	Lime	321	Shells
6	Sandy Shale	328	
4	Sand	332	No Oil
61	Shale	393	
22	Lime	415	
13	Shale	428	
4	Shale & Lime	432	
8	Lime	440	
15	Shale	455	
8	Sandy Shale	463	
19	Lime	482	
5	Shale	487	
1	Lime	488	

488

Thickness of Strata	Formation	Total Depth	Remarks
12	Shale Shale	500	
23	Lime	523	
8	Shale	531	
3	Shale & Lime	534	
20	Lime	554	
5	Shale	559	
4	Lime	563	
3	Shale	566	
6	Lime	572	
8	Shale	580	Merthen
9	Sandy Shale	589	
97	Shale	686	
12	Sand	698	
29	Shale	727	No Oil
2	Lime	729	
13	Shale	742	
9	Lime	751	
9	Shale	760	
2	Lime	762	
9	Shale	771	
1	Lime	772	
1	Shale	773	
6	Lime & Shale	779	
14	Shale	793	
3	Lime	796	
	Shale	807	
	Lime	809	



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 267325

Invoice Date: 04/14/2014 Terms: 0/30/10,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

EARLY A-2
47047
NE 11-15-20
04-10-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1111	SODIUM CHLORIDE (GRANULA	77.00	.3900	30.03
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-179.03

Description	Hours	Unit Price	Total
369 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
369 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
369 CASING FOOTAGE	112.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	3.50	100.00	350.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 2043.44 if paid after 04/24/2014

Parts:	596.77	Freight:	.00	Tax:	29.87	AR	1851.61
Labor:	.00	Misc:	.00	Total:	1851.61		
Sublt:	-179.03	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

~~PAID TO~~
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 # 267532

Invoice Date: 04/23/2014 Terms: 0/30/10,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

EARLY A-2
47021
NE 11-15-20
04-17-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	655.00	.2200	144.10

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-491.73

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00
666 P & A NEW WELL	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00

Amount Due 3493.29 if paid after 05/03/2014

Parts:	1639.10	Freight:	.00	Tax:	82.03	AR	2966.40
Labor:	.00	Misc:	.00	Total:	2966.40		
Sublt:	-491.73	Supplies:	.00	Change:	.00		

Signed _____ Date _____

