



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227717
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: _____



1227717

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well:W. Goetz A-21
Lease Owner:AltaVista

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

Commenced Spudding:
9/12/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
6	Soil-Clay	6
14	Lime	20
8	Shale	28
6	Lime	34
41	Shale	75
14	Lime	89
10	Shale	99
30	Lime	129
8	Shale	137
20	Lime	157
6	Shale	163
3	Lime	166
2	Shale	168
6	Lime	174
101	Shale	275
5	Sand	280
27	Shale	307
9	Shale	316
17	Shale	333
11	Lime	344
1	Shale	345
2	Sand	347
4	Sandy Shale	351
5	Shale	356
9	Sand	365
6	Sandy Shale	371
23	Shale	394
9	Lime	403
11	Shale	414
2	Lime	416
14	Shale	430
8	Lime	438
20	Shale	458
3	Lime	461
3	Shale	464
7	Lime	471
4	Shale	475
1	Sand	476
2	Sand	478
1	Sand	479

Short Cuts

TANK CAPACITY

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

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-21

Farm West Goetz

KS Miami
(State) (County)

8 18 22
(Section) (Township) (Range)

For Altavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
6	soil layer	6	
14	lime	20	
8	shale	28	
6	lime	34	
41	shale	75	
14	lime	89	
10	shale	99	
30	lime	129	
8	shale	137	
20	lime	157	
6	shale	163	
3	lime	166	
2	shale	168	
6	lime	174	
101	shale	275	Hertha
5	sand	280	
27	shale	307	grey - no oil
9	shale & lime	316	
17	shale	333	
11	lime	344	
1	shale	345	
2	sand	347	
4	sandy shale	351	no oil
5	shale	356	
9	sand	365	
6	sandy shale	371	gas
23	shale	394	

394

Thickness of Strata	Formation	Total Depth	Remarks
9	Lime	403	
11	Shale	414	
2	Lime	416	
14	Shale	430	
8	Lime	438	
20	Shale	458	
3	Lime	461	
3	Shale	464	
7	Lime	471	
4	Shale	475	
1	Sand	476	no oil
2	Sand	478	broken - 50%
1	Sand	479	solid
2	Sand	481	broken - 50%
1	Sand	482	solid
2	Sand	484	broken - 50%
2	Sand	486	solid
1	sand & lime	487	solid sand
4	sandy shale	491	} good show
62	Shale	553	
4	Sand	557	
25	Shale	582	
3	sandy shale	585	
1	sand & lime	586	no oil
1	Sand shale	587	no oil
16	Shale	603	
10	sandy shale	613	



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 # 271181

Invoice Date: 09/19/2014 Terms: 0/30/10,n/30

Page 1

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

W GOETZ #A-21
48203
NE8-18-22
9-15-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	84.00	11.5000	966.00
1118B	PREMIUM GEL / BENTONITE	241.00	.2200	53.02
1111	SODIUM CHLORIDE (GRANULA	163.00	.3900	63.57
1110A	KOL SEAL (50# BAG)	420.00	.4600	193.20
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Sublet Performed				Total
9995-120	CEMENT EQUIPMENT DISCOUNT			-382.74
Description	Hours	Unit Price	Total	
495 CEMENT PUMP	1.00	1085.00	1085.00	
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.24	106.00	
495 CASING FOOTAGE	566.00	.00	.00	
503 MIN. BULK DELIVERY	1.00	368.00	368.00	
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00	

Amount Due 3114.15 if paid after 09/29/2014

Parts:	1305.29	Freight:	.00	Tax:	70.58	AR	2702.13
Labor:	.00	Misc:	.00	Total:	2702.13		
Sublt:	-382.74	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

