



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238938
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: _____



1238938

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
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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: _____ _____
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Miami County, KS
Well: East Goetz A-30
Lease Owner: AltaVista

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

Commenced Spudding:
8/18/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	Soil-Clay	18
40	Shale	58
15	Clay	73
10	Shale	83
29	Lime	112
6	Shale	118
21	Lime	139
5	Shale	144
4	Lime	148
2	Shale	150
5	Lime	155
35	Shale	190
6	Sand	196
67	Shale	263
5	Sand	268
28	Shale	296
6	Shale	302
18	Shale	320
10	Lime	330
5	Shale	335
8	Sand	343
5	Sandy Shale	348
34	Shale	382
9	Lime	391
10	Shale	401
3	Lime	404
15	Shale	419
9	Lime	428
18	Shale	446
2	Lime	448
4	Shale	452
7	Lime	459
5	Shale	464
4	Sand	468
6	Sand	474
3	Sandy Shale	477
54	Shale	531
2	Sand	533
2	Sandy Shale	535
14	Shale	549

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-30

Farm East Goetz

KS Miami
(State) (County)

9 R6 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
0-18	Soil-clay	18	
40	Shale	58	Some Lime
15	Lime	73	
10	shale	83	
29	Lime	112	
6	shale & slate	118	
21	Lime	139	
5	shale & slate	144	
4	Lime	148	
2	shale	150	
5	Lime	155	
35	Shale	190	Hertha
6	sand	196	
67	Shale	263	no oil
5	sand	268	
28	shale	296	no oil
6	shale & Lime	302	
18	shale	320	
10	Lime	330	
5	shale	335	
8	sand	343	
5	sandy shale	348	gas
34	shale	382	
9	Lime	391	
10	shale	401	
3	Lime	404	
15	shale	419	

419

Thickness of Strata	Formation	Total Depth	Remarks
9	Lime	428	
18	Shale	446	
2	Lime	448	
4	Shale	452	
7	Lime	459	
5	Shale	464	
4	Sand	468	
6	Sand	474	broken - odor - no show
3	sandy shale	477	grey - no oil
54	shale	531	
2	sand	533	
2	sandy shale	535	odor - slight show
14	shale	549	
1	coal	550	
13	shale	563	
4	shale & Lime	567	
1	slate	568	
4	shale	572	
2	sandy shale & Lime	574	
1	sandy shale	575	
1	sand	576	odor
16	core	592	page 8
19	shale	611	
73	sand	684	gas - water
5	sandy Lime	688	
17	sand	705	water
2	sandy Lime	707	



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 # 270541

Invoice Date: 08/25/2014 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

E GOETZ #A-30
48117
NW9-18-22
8-20-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	87.00	11.5000	1000.50
1118B	PREMIUM GEL / BENTONITE	246.00	.2200	54.12
1111	SODIUM CHLORIDE (GRANULA	168.00	.3900	65.52
1110A	KOL SEAL (50# BAG)	435.00	.4600	200.10
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-396.07

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
368 CASING FOOTAGE	700.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3211.00 if paid after 09/04/2014

Parts:	1349.74	Freight:	.00	Tax:	72.96	AR	2784.63
Labor:	.00	Misc:	.00	Total:	2784.63		
Sublt:	-396.07	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

270541

TICKET NUMBER 48117
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
8.20.14	3244	EGertz # A.30	NE 09	18	22	Mi
CUSTOMER			TRUCK #			
Altavista Energy			730	Al Mad	Safety	Meat
MAILING ADDRESS			368	Ar (McJ)		
P.O. Box 128			370	Mik Fox		
CITY			558	Bru Bir		
Wellsville						
STATE						
KS						
ZIP CODE						
66692						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 700 DRILL PIPE _____ TUBING _____ OTHER 607 bf
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 3.53 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 87 sk 50/50 cement plus 270 gel, 570 salt, 5# Kolseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

TDS, Wes

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	105.00 ✓
5402	700'	casing footage	368	— ✓
5407	min	ton miles	558	368.00 ✓
5502C	2	80 val	370	200.00 ✓
1124	87	50 r/d cement	1000.50	✓
1118B	246#	gel	54.12	✓
1111	168#	salt	65.52	✓
1110A	435#	Kol seal	200.10	✓
		material sub	1320.24	
		heads 30%	-396.07	✓
		material total		924.17
4402	1	2 1/2 plug		29.50 ✓
			3211.00	
		SALES TAX		72.96 ✓
		ESTIMATED TOTAL		2784.63 ✓

laviv 3737
NO company rep
AUTHORIZATION Jim Okel

TITLE Bryan Miller

DATE

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.