



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1238948  
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: \_\_\_\_\_



1238948

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Miami County, KS  
 Well: East Goetz A-31  
 Lease Owner: Altavista

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

Commenced Spudding:  
 8-20-14

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil - Clay	14
4	Shale	18
15	Lime	33
10	Shale	43
29	Lime	72
5	Shale & Slate	77
21	Lime	98
5	Shale	103
3	Lime	106
3	Slate	109
6	Lime	45
29	Shale	144
18	Sand	162
92	Shale	254
6	Sand & Lime	260
19	Shale	279
11	Lime	290
5	Shale	295
17	Sand	312
31	Shale	343
8	Sand	351
10	Shale	361
3	Sand	364
14	Shale	378
9	Lime	387
19	Shale	406
3	Lime	409
4	Shale	413
6	Lime	419
4	Shale	423
5	Sand	428
93	Shale	521
7	Shale & Lime	528
2	Shale	530
1	Sandy Slate	531
1	Sand	532
1	Sand	533
15	Core	548
20	Shale	568
52	Sand	620



# Short Cuts

## TANK CAPACITY

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

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-31

Farm East Goetz

KS Miami  
(State) (County)

9 18 22  
(Section) (Township) (Range)

For Altavista Energy  
(Well Owner)

## Town Oilfield Services, Inc.

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





Thickness of Strata	Formation	Total Depth	Remarks
0-14	sc. l- clay	14	
4	shale	18	
15	Lime	33	
10	shale	43	
29	Lime	72	
5	shale & slate	77	
21	Lime	98	
5	shale	103	
3	Lime	106	
3	shale	109	
6	Lime	115	Hertha
29	shale	144	
18	sand	162	no Oil
42	shale	254	
6	sand & Lime	260	no Oil
19	shale	279	
11	Lime	290	
5	shale	295	
17	sand	312	gas
31	shale	343	
8	Lime	351	
10	shale	361	
3	Lime	364	
14	shale	378	
9	Lime	387	
19	shale	406	
3	Lime	409	red bed









**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 # 270627

Invoice Date: 08/28/2014 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

E GOETZ A-31  
48130  
NW9-18-22  
8-20-14  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	78.00	11.5000	897.00
1118B	PREMIUM GEL / BENTONITE	231.00	.2200	50.82
1111	SODIUM CHLORIDE (GRANULA	164.00	.3900	63.96
1110A	KOL SEAL (50# BAG)	390.00	.4600	179.40
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-357.35

Description	Hours	Unit Price	Total
369 MIN. BULK DELIVERY	1.00	368.00	368.00
503 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
666 CASING FOOTAGE	593.00	.00	.00

Amount Due 3072.06 if paid after 09/07/2014

Parts:	1220.68	Freight:	.00	Tax:	66.04	AR	2687.37
Labor:	.00	Misc:	.00	Total:	2687.37		
Sublt:	-357.35	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

710627

TICKET NUMBER 48130  
LOCATION Chanute, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/20/14	3244	E. Goetz # A-31	WW 9	18	22	MI
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 620' CASING SIZE & WEIGHT 2 7/8" EVE  
CASING DEPTH 593' DRILL PIPE -TUBING baffle - 562' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 3.25 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 78 sks 50/50 Pozumix cement w/ 2% gel, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.25 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Handwritten signature/initials*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	25 mi	MILEAGE		105.00
5402	593'	casing footage		—
5407	min	ton mileage		368.00
5502C	2 hrs	80 Vac		200.00
1124	78 sks	50/50 Pozumix cement	897.00	✓
118B	231 #	Premium Gel	50.82	✓
1111	164 #	Salt	63.96	✓
1110A	390 #	Kolseal	179.40	✓
		materials	1191.18	
		-30%	357.35	✓
		subtotal		838.83
4402	1	2 1/2" rubber plug		27.50
			3072.06	
			7.65%	
		SALES TAX		66.04
		ESTIMATED TOTAL		2687.37

**Completed**

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.