



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240657
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: _____



1240657

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: E. Goetz AI-37
 Lease Owner: AltaVista

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

Commenced Spudding:
 9/17/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-3	Lime	3
6	Clay	9
36	Shale	45
8	Lime	53
2	Shale	55
4	Lime	59
11	Shale	70
26	Lime	96
7	Shale	103
21	Lime	124
5	Shale	129
4	Lime	133
2	Shale	135
7	Lime	142
24	Shale	166
14	Sand	180
26	Sandy Shale	206
44	Shale	250
5	Sand	255
26	Shale	281
8	Shale	289
17	Shale	306
9	Lime	315
52	Shale	367
6	Lime	373
12	Shale	385
4	Lime	389
14	Shale	403
10	Lime	413
23	Shale	436
7	Lime	443
5	Shale	448
7	Sand	455
120	Shale	575
7	Sand	582
18	Shale	600
80	Sand	680-TD

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 $BPH \times PSI \times .0004$

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. AI-37

Farm East Goetz

KS Miami
(State) (County)

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

For Allavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

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

East Loetz Farm: Miami County

KS State; Well No. AI-37

Elevation 869

Commenced Spuding Sept 17 20 14

Finished Drilling Sept 18 20 14

Driller's Name Wesley Dollard

Driller's Name Greg Perry

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

9 18 22

(Section) (Township) (Range)

Distance from S line, 4125 ft.

Distance from E line, 4455 ft.

4 sacks
8 hrs

**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

~~7~~" Set 25 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
632.	95	Buff		1	
664.	60	Float			
					27/8

Thickness of Strata	Formation	Total Depth	Remarks
0-3	Lime	3	
6	clay	9	
36	shale	45	
8	Lime	53	
2	shale	55	
4	Lime	59	
11	shale	70	
26	Lime	96	
7	shale	103	
21	Lime	124	
5	shale	129	
4	Lime	133	
2	shale	135	
7	Lime	142	Hertha
24	shale	166	
14	sand	180	no Oil
26	sandy shale	206	
44	shale	250	
5	sand	255	no Oil
26	shale	281	
8	shale & Lime	289	
17	shale	306	
9	Lime	315	
52	shale	367	
6	Lime	373	
12	shale	385	
4	Lime	389	



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 # 271374

Invoice Date: 09/30/2014 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 AI-37
48144
NW9-18-22
9-18-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	95.00	11.5000	1092.50
1118B	PREMIUM GEL / BENTONITE	360.00	.2200	79.20
1111	SODIUM CHLORIDE (GRANULA	200.00	.3900	78.00
1110A	KOL SEAL (50# BAG)	475.00	.4600	218.50
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-447.57

Description	Hours	Unit Price	Total
369 MIN. BULK DELIVERY	.50	368.00	184.00
510 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	664.00	.00	.00

Amount Due 3211.73 if paid after 10/10/2014

Parts:	1521.33	Freight:	.00	Tax:	82.16	AR	2729.92
Labor:	.00	Misc:	.00	Total:	2729.92		
Sublt:	-447.57	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



271374

TICKET NUMBER 48144
 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
9/18/14	3244	E. Coetz # AI-37	NW 9	18	22	MI
CUSTOMER Attavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729	Casey	✓ Safety	Marketing
CITY STATE ZIP CODE Wellsville KS 66092			1440	KeiCar	✓	
			500 S10	DusWeb	✓	
			3109	Gar Moo	✓	

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1444' DRILL PIPE _____ TUBING baffle-1433' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.66 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, circulated well for 1 hr to condition hole, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 95 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kalseal per sk, cement to surface, finished pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.66 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	1464'	casing footage		✓
5407	1/2 minimum	hour mileage		184.00 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	95 sks	50/50 Pozmix cement	1092.50	✓
1118B	360 #	Premium Gel	79.20	✓
1111	200 #	Salt	28.00	✓
1110A	475 #	Kalseal	218.50	✓
1401	1/2 gal	Polymer	23.63	✓
		materials	1491.83	
		-3070	447.55	✓
		subtotal		1044.28
4402	<input checked="" type="checkbox"/> completed	2 1/2" rubber plug		29.50 ✓
			3211.71	
		7.65%	SALES TAX	82.14 ✓
			ESTIMATED TOTAL	2729.92 ✓

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.