



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240689
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: _____



1240689

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: East Goetrz AI-53
Lease Owner: Altavista

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

Commenced Spudding:

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 5	Soil - Clay	5
13	Lime	18
7	Shale	25
6	Lime	31
40	Shale	71
15	Lime	86
10	Shale	96
28	Lime	124
5	Shale	129
21	Lime	150
5	Shale	155
2	Lime	157
1	Shale	158
8	Lime	166
34	Shale	200
10	Sand	210
22	Sandy Shale	232
41	Shale	273
5	Sand	278
28	Shale	306
5	Shale & Lime	311
18	Shale	329
13	Lime	342
48	Shale	390
8	Lime	398
11	Shale	409
3	Lime	412
14	Shale	426
11	Lime	437
17	Shale	454
2	Lime	456
4	Shale	460
6	Lime	466
5	Shale	471
23	Sandy Shale	494
15	Shale	509
2	Lime	511
60	Shale	571
1	Sand	572
10	Sand	582

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. AI-53

Farm East Coetz

KS Miami
(State) (County)

9 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

East Goltz Farm: Miami County

KS State; Well No. AI-53

Elevation 894

Commenced Spuding Sept 21, 2014

Finished Drilling Sept 22, 2014

Driller's Name Wesley Dallard

Driller's Name Greg Perry

Driller's Name _____

Tool Dresser's Name Dakota Oliver

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

9 18 22

(Section) (Township) (Range)
 Distance from S line, 3120 ft.

Distance from E line, 3865 ft.

4 sacks
6 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7" Set 23 6 3/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
631.	95				
663.	45				
					2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-5	soil-clay	5	
13	Lime	18	
7	shale	25	
6	Lime	31	
40	Shale	71	
15	Lime	86	
10	Shale	96	
28	Lime	124	
5	shale	129	
21	Lime	150	
5	shale	155	
2	Lime	157	
1	shale	158	
8	Lime	166	Heating
34	Shale	200	
10	sand	210	no oil
22	sandy shale	232	
41	shale	273	
5	sand	278	no oil
28	shale	306	
5	shale & Lime	311	
18	shale	329	
13	Lime	342	
48	shale	390	
8	Lime	398	
11	shale	409	
3	Lime	412	



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~PLINY~~
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 # 271400

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-53
48225
NW9-18-22
9-22-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	97.00	11.5000	1115.50
1118B	PREMIUM GEL / BENTONITE	363.00	.2200	79.86
1111	SODIUM CHLORIDE (GRANULA	204.00	.3900	79.56
1110A	KOL SEAL (50# BAG)	485.00	.4600	223.10

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-449.41

Description	Hours	Unit Price	Total
503 80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
666 CASING FOOTAGE	663.00	.00	.00
675 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3420.63 if paid after 10/10/2014

Parts:	1498.02	Freight:	.00	Tax:	80.23	AR	2936.84
Labor:	.00	Misc:	.00	Total:	2936.84		
Sublt:	-449.41	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

271400

TICKET NUMBER 48225
LOCATION Attau, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/22/14	3244	E. Coetz # A.I-53	NW 9	18	22	M1
CUSTOMER Attauista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS Po Box 128			729	Casey	✓ Safety Meeting	
CITY STATE ZIP CODE Wellsville KS 66092			660	Kei Gr	✓	
			503	Trotter	✓	
			675	Kei Dot	✓	

JOB TYPE low string HOLE SIZE 5 5/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 663' DRILL PIPE _____ TUBING baffle - 3000' 632' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 3.6 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 97 sks 50/50 Pozmix 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/ 3.6 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

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	663'	Casing footage		✓
5407	minimum	ten mileage		368.00 ✓
5502C	2.5 hrs	80 Vac		250.00 ✓
1124	97 sks	50/50 Pozmix cement	1115.50	✓
1118B	363 #	Premium Gel	79.86	✓
1111	204 #	Salt	79.56	✓
1110A	485 #	Kolseal	223.10	✓
		materials	1498.02	✓
		- 30%	449.41	✓
		subtotal		1048.61
		<input checked="" type="checkbox"/> completed		
				3420.62
		7.65%	SALES TAX	80.23 ✓
			ESTIMATED TOTAL	2936.89 ✓

Revin 3737
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.