



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1244112
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: _____



1244112

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

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: Owen AI-53
Lease Owner: Altavista Energy

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

Commenced Spudding:
1/21/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 1	Soil - Clay	1
11	Lime	12
17	Shale	29
6	Lime	35
40	Shale	75
15	Lime	90
8	Shale	98
29	Lime	127
9	Shale	136
22	Lime	158
5	Shale	163
3	Lime	166
3	Shale	169
4	Lime	173
13	Shale	186
45	Sand & Sandy Shale	231
44	Shale	275
6	Sand	281
28	Shale	309
7	Sandy Lime	316
13	Sandy Shale	329
3	Shale	332
11	Lime	343
4	Shale	347
13	Sand	360
10	Sandy Shale	370
22	Shale	392
8	Lime	400
10	Shale	410
3	Lime	413
13	Shale	426
8	Lime	434
20	Shale	454
2	Lime	456
4	Shale	460
7	Lime	467
3	Shale	470
17	Lime	487
20	Sandy Shale	507
33	Shale	540

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 Owen

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
0-1	Soil-clay	1	
11	Lime	12	
17	Shale	29	
6	Lime	35	
40	Shale	75	redbed
15	Lime	90	
8	Shale	98	
29	Lime	127	
9	Shale	136	
22	Lime	158	
5	Shale	163	slate
3	Lime	166	
3	Shale	169	
4	Lime	173	Heitha
13	Shale	186	
45	sand & sandy shale	231	no oil
44	Shale	275	
6	sand	281	no oil
28	Shale	309	
7	sandy lime	316	color - no show
13	sandy shale	329	
3	Shale	332	
11	Lime	343	
4	Shale	347	
13	sand	360	some sandy shale - no oil
10	sandy shale	370	
22	Shale	392	



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 803108

Invoice Date: 01/26/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HIGHWAY **PO. BOX 128**
 WELLSVILLE KS 66092
 USA
 7858834057

OWEN #AI-53

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	25.000	4.2000	0.000	105.00
5402	Casing Footage	665.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
5502C	80 Vacuum Truck Cement	2.000	100.0000	0.000	200.00
1124	Poz Cement Mix	91.000	11.5000	30.000	732.55
1118B	Premium Gel / Bentonite	253.000	0.2200	30.000	38.96
1111	Sodium Chloride (Granulated Salt)	191.000	0.3900	30.000	52.14
1110A	Kol Seal (50# BAG)	455.000	0.4600	30.000	146.51
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50
1401	HE 100 Polymer	0.500	47.2500	0.000	23.63

Subtotal 3,197.08
 Discounted Amount 415.79
 SubTotal After Discount 2,781.29

Amount Due 3,307.16 If paid after 02/25/15

Tax: 78.28
 Total: 2,859.57



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50764
LOCATION Ottawa, KS
FOREMAN Cathy Kennedy

Invoice # 803103 / 1834

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/20/15	3244	Owen # AT-53	NE 8	18	22	MI
CUSTOMER Atavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 Casken Safety Meeting			
CITY STATE ZIP CODE Wellsville KS 66720			666 KeiCar			
			558 Brubir			
			675 KeiDet			

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8"
CASING DEPTH 1065' DRILL PIPE TUBING baffle - 633' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
DISPLACEMENT 3.66 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.56 pm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal polymer, circulated for 1hr to condition hole, mixed & pumped 100 # Gel followed by 10 bbls fresh water, mixed & pumped 91' 5/8 50% Pozmix cement w/ 2% gel, 5% salt & 5 # Kolseal per 8k, cement to surface, flushed pump clean pumped 2 1/2" rubber plug to casing TD 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		1685.00
5406	25 mi.	MILEAGE		105.00
5402	665'	casing footage		
5407	minimum	ton mileage		366.00
5502c	2 hrs	80 Vac		200.00
1124	91 sbs	50% Pozmix cement	1046.50	
1188	253 #	Gel	55.66	
1111	191 #	Salt	74.49	
1116A	455 #	Kolseal	209.30	
		materials	1385.95	
		30%	415.79	
		subtotal		970.16
4402	1	2 1/2" rubber plug		29.50
1401	1/2 gal	Polymer		23.63
				3307.17
		7.65%	SALES TAX	78.28
			ESTIMATED TOTAL	2859.57

completed

AUTHORIZATION Jim Tracy TITLE supervisor DATE 1-22-15

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.