



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1244128  
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: \_\_\_\_\_



1244128

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: Owen AI-59  
 Lease Owner: Altavista Energy

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

Commenced Spudding:  
 1/15/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 7	Soil - Clay	7
20	Lime	27
13	Shale	40
3	Lime	43
39	Shale	82
15	Lime	97
9	Shale	106
30	Lime	136
7	Shale	143
24	Lime	167
5	Shale	172
2	Lime	174
4	Shale	178
5	Lime	183
21	Shale	204
36	Sand & Sandy Shale	240
47	Shale	287
4	Sand	291
26	Shale	317
7	Sandy Lime	324
17	Shale	341
8	Lime	349
9	Sand	358
4	Shale	362
8	Sand	370
32	Shale	402
9	Lime	411
9	Shale	420
3	Lime	423
14	Shale	437
9	Lime	446
18	Shale	464
2	Lime	466
4	Shale	470
6	Lime	476
5	Shale	481
14	Sand	495
55	Shale	550
20	Sandy Shale	570
9	Shale	579



# 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-59

Farm Owen

KS Miami  
(State) (County)

8 18 22  
(Section) (Township) (Range)

For Alkavista 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
0-7	soil - clay	7	
20	Lime	27	
13	Shale	40	
3	Lime	43	
39	shale	82	
15	Lime	97	red bed
9	Shale	106	
30	Lime	136	
7	shale	143	
24	Lime	167	slate
5	Shale	172	
2	Lime	174	slate
4	Shale	178	
5	Lime	183	
21	shale	204	Heather
36	sand & sandy shale	240	
47	shale	287	no oil
4	sand	291	
26	Shale	317	no oil
7	sandy Lime	324	
17	Shale	341	odor - no show
8	Lime	349	
9	sand	358	
4	shale	362	grey - no oil
8	sand	370	
32	shale	402	grey - no oil
9	Lime	411	







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# 803070

Invoice Date: 01/21/15 Terms: Net 30 Page 1

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

OWENS #A-150  
**AJ-59**

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	20.000	4.2000	0.000	84.00
5402	Casing Footage	667.060	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
5502C	80 Vacuum Truck Cement	1.500	100.0000	0.000	150.00
1124	Poz Cement Mix	88.000	11.5000	30.000	708.40
1118B	Premium Gel / Bentonite	248.000	0.2200	30.000	38.19
1111	Sodium Chloride (Granulated Salt)	184.000	0.3900	30.000	50.23
1110A	Kol Seal (50# BAG)	440.000	0.4600	30.000	141.68
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 3,080.85  
 Discounted Amount 402.22  
 SubTotal After Discount 2,678.63

Amount Due 3,187.47 If paid after 02/20/15

Tax: 75.86  
 Total: 2,754.49



**CONSOLIDATED**  
Oil Well Services, LLC

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

1856

INVOICE # 803070 / 1796

TICKET NUMBER 50807

LOCATION Ottawa KS

FOREMAN Fred Mader

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-16-15	3244	Owens #A-150AS-59	NE 9	18	22	Mi
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			712	<u>Fred Mader</u>		
CITY <u>Wellsville</u>			495	<u>Har Bee</u>		
STATE <u>KS</u>			503	<u>Dan Wher</u>		
ZIP CODE <u>66092</u>						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 680 CASING SIZE & WEIGHT 2 1/8 EUE  
 CASING DEPTH 667.06 DRILL PIPE Baffle in Tubing @ 635.82 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31.26 + Plug  
 DISPLACEMENT 3.7342 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump  
1/2 Gal HE 100 Polymer. Circulate to condition hole  
Mix + Pump 100# Gel Flush. Mix + Pump SKs 50/50  
for Mix Cement 2% Gel 5% Salt 5# Kal Seal/sk. Cement to  
Surface. Flush pump + lines clean. Displace 2 1/2" Rubber  
plug to casing. Baffle in casing. Pressure to 800#  
PSI. Release pressure to set float valve.

TOS Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	20mi	MILEAGE	495	84 <sup>00</sup>
5402	667.06	Casing Footage		NIC
5407	Minimum	Ten Miles	503	368 <sup>00</sup>
5500C	1 1/2 hr	80 BBL Vac Truck	369	150 <sup>00</sup>
1124	88 SKS	50/50 Poz Mix Cement	1012 <sup>00</sup>	
118B	248 <sup>00</sup>	Premium Gel	5456	
1111	184 <sup>00</sup>	Granulated Salt	71 <sup>26</sup>	
1110A	440 <sup>00</sup>	Kal Seal	202 <sup>40</sup>	
		Material	1340 <sup>22</sup>	
		less 30%	-402 <sup>22</sup>	
		Total		938 <sup>50</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
1401	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
			3187.48	
			7.65%	SALES TAX 75 <sup>86</sup>
				ESTIMATED TOTAL 2754 <sup>49</sup>

Ravin 3737

Byron Miller

**Completed**

AUTHORIZATION \_\_\_\_\_

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.