



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1244160
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: _____



1244160

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Owen AI-61
Lease Owner: Altavista Energ

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

Commenced Spudding:
1/16/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-11	Soil - Clay	11
19	Lime	30
11	Shale	41
4	Lime	45
39	Shale	84
14	Lime	98
10	Shale	108
29	Lime	137
7	Shale	144
24	Lime	168
5	Shale	173
2	Lime	175
3	Shale	178
5	Lime	183
23	Shale	206
42	Sand & Sandy Shale	248
69	Shale	317
8	Sandy Lime	325
16	Shale	341
10	Lime	351
3	Shale	354
6	Sand	360
16	Sandy Shale	376
24	Shale	400
7	Lime	407
13	Shale	420
3	Lime	423
13	Shale	436
8	Lime	444
21	Shale	465
2	Lime	467
2	Shale	469
8	Lime	477
4	Shale	481
10	Sand	491
9	Sandy Shale	500
50	Shale	550
24	Sand & Sandy Shale	574
6	Shale	580
2	Lime	582

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. AI-61

Farm Owen

KS Miami
(State) (County)

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

For Aitavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

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

Owen Farm: Miami County

KS State; Well No. AI-61

Elevation 907

Commenced Spuding 1-16 20 15

Finished Drilling 1-19 20 15

Driller's Name Wesley Dillard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

8 18 22

(Section) (Township) (Range)

Distance from S line, 3895 ft.

Distance from E line, 2110 ft.

4 sacks Bonus well

8 hrs

5 7/8 Bore hole

2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 20 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries include 634.50, 666.30, 680 TD, and 2 7/8.

Thickness of Strata	Formation	Total Depth	Remarks
0-11	soil-clay	11	
19	Lime	30	
11	Shale	41	
4	Lime	45	
39	Shale	84	redbed
14	Lime	98	
10	Shale	108	
29	Lime	137	
7	Shale	144	
24	Lime	168	
5	Shale	173	slate
2	Lime	175	
3	Shale	178	
5	Lime	183	Heathy
23	Shale	206	
42	sand & sandy shale	248	no Oil
69	Shale	317	
8	sandy lime	325	odor - no show
16	shale	341	
10	Lime	351	
3	shale	354	
6	sand	360	no Oil
16	sandy shale	376	
24	Shale	400	
7	Lime	407	
13	Shale	420	
3	Lime	423	

423

Thickness of Strata	Formation	Total Depth	Remarks
13	Shale	436	
8	Lime	444	
21	Shale	465	
2	Lime	467	
2	Shale	469	
8	Lime	477	
4	Shale	481	
10	sand	491	broken Oil - OK show
9	sandy shale	500	
50	Shale	550	
24	sand & sandy shale	574	
6	Shale	580	
2	Lime	582	
4	Shale	586	coal
1	sand	587	no oil
15	sand	602	solid Oil - good show
27	Shale	629	
51	sand	680	water - TD



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# 803114

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-61

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	666.000	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	89.000	11.5000	30.000	716.45
1118B	Premium Gel / Bentonite	250.000	0.2200	30.000	38.50
1111	Sodium Chloride (Granulated Salt)	187.000	0.3900	30.000	51.05
1110A	Kol Seal (50# BAG)	445.000	0.4600	30.000	143.29
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 3,143.63
 Discounted Amount 406.84
 SubTotal After Discount 2,736.79

Amount Due 3,249.63 If paid after 02/25/15

Tax: 74.88
 Total: 2,811.67



CONSOLIDATED
Oil Well Services, LLC

1885
1829

TICKET NUMBER 50762

LOCATION Ottawa, KS

FOREMAN Cary Kennedy

INVOICE # 80314
FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/19/15	3249	Owen # AI-101	NE 8	18	22	M1
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 128</u>			DRIVER			
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>	TRUCK #		
				DRIVER		

JOB TYPE <u>log string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1080'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>666'</u>	DRILL PIPE	TUBING <u>666' - 634'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>32'</u>
DISPLACEMENT <u>3.67 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>

REMARKS: hold safety meeting, established circulation, mixed & pumped 1/2 gal. Polymer, circulated for 1 hr to condition hole, mixed & pumped 100 # Gel, followed by 10 bbls fresh water, mixed & pumped 89 sks 50% Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3-67 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	666'	casing footage		
5407	minimum	ton mileage		368.00
5500C	2 hrs	80 Vac		200.00
1124	89 sks	50% Pozmix cement	1023.50	
1118B	250 #	Gel	55.00	
111	187 #	Salt	72.93	
1110A	445 #	Kalsol	204.70	
		materials	1356.13	
		-30%	406.84	
		subtotal		949.29
4402	1	2 1/2" Rubber Plug		29.50
			3217.87	
			7.65%	74.88
			ESTIMATED TOTAL	2811.67

ENTERED JAN 23 2015

AUTHORIZATION Byron 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.