



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1251956  
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: \_\_\_\_\_



1251956

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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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# 803936

Invoice Date: 04/09/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC  
 4595 K-33 HWY, PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

YOUNG AI-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surface	1.000	870.0000	10.000	783.00
5406	Mileage Charge	1.000	0.0000	0.000	0.00
5402	Casing Footage	433.400	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	83.700	1.4100	10.000	106.22
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1118B	Premium Gel / Bentonite	76.000	0.2200	30.000	11.70
1111	Sodium Chloride (Granulated Salt)	91.000	0.3900	30.000	24.84
1110A	Kol Seal (50# BAG)	225.000	0.4600	30.000	72.45
1124	Poz Cement Mix	45.000	11.5000	30.000	362.25

Subtotal 1,811.23  
 Discounted Amount 315.76  
 SubTotal After Discount 1,495.47

Amount Due 1,852.63 If paid after 05/09/15

Tax: 28.98  
 Total: 1,524.44



**CONSOLIDATED**  
Oil Well Services, LLC

*2600*  
**Invoice #8039367538**

TICKET NUMBER 50930

LOCATION Ottawa KS

FOREMAN Fred Mader

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
4-7-15	<del>2355</del>	<i>5244</i> Young # A I-2	SW 11	22	16	CF

CUSTOMER  
Altavista Energy

MAILING ADDRESS  
P.O. Box 128

CITY  
Wellsville

STATE  
KS

ZIP CODE  
66092

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Har Bee		
675	Ken Det		
804	Gar Moo		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 413' CASING SIZE & WEIGHT 7"

CASING DEPTH 4840 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 10'

DISPLACEMENT 1.8 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 580 PM

REMARKS: Hold Safety meeting. Establish circulation thru 7" casing.  
Mix + Pump 45 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt  
5" Kol Seal/sk. Cement to surface. Displace 7" casing clean  
w/ 1.8 BBL Water. Shut in casing.

Finney Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>	495	870.00
5406	-	MILEAGE		N/C
5402	48.48	Casing footage		N/C
5407A	83.7	Tax Miles	804	118.02
5502C	1 1/2 hr	FO BBL Vac Truck	675	150.00
		Sub Total		1138.02
		Less 10%		-113.80
				1024.22
1124	45 SKS	50/50 Poz Mix Cement		517.50
118B	76#	Premium Gel		167.25
1111	9#	Granulated Salt		35.47
110A	225#	Kol Seal		103.50
		Material		633.21
		Less 30%		-201.97
		Total		471.24
		6.75%	SALES TAX	28.98
			ESTIMATED	
			TOTAL	1524.44

Ravin 3737 AUTHORIZATION [Signature] 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.



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 Dept:970  
 P.O.Box 4346  
 Houston, TX 77210-4346

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ALTAVISTA ENERGY INC  
 4595 K-33 HWY, PO BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

YOUNG AI-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	10.000	976.50
5406	Mileage Charge	40.000	4.2000	10.000	151.20
5402	Casing Footage	1,098.400	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	260.400	1.4100	10.000	330.45
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	140.000	11.5000	30.000	1,127.00
1118B	Premium Gel / Bentonite	335.000	0.2200	30.000	51.59
1111	Sodium Chloride (Granulated Salt)	282.000	0.3900	30.000	76.99
1110A	Kol Seal (50# BAG)	700.000	0.4600	30.000	225.40
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50
Subtotal					3,915.34
Discounted Amount					811.72
SubTotal After Discount					3,103.62
Amount Due 4,047.27 If paid after 05/10/15					

Tax: 92.89  
 Total: 3,196.52

