

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1255258

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

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: _____



1255258

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 (Attach Additional Sheets)	☐ Yes ☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☐ No	Name	Top	Datum
Cores Taken	☐ Yes ☐ No			
Electric Log Run	☐ Yes ☐ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	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: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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SIZE HOLES	SIZE CASING SET IN	UNITARY	
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PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	40.30	OWC	43	SERVICE COMPANY
PRODUCTION:	5.8750	P L U G W E L L					

15 FEB 1965

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FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY & SAND	3	30
SAND & GRAVEL	30	36
LIME	36	40
SHALE	40	234
LIME	234	279
SHALE	279	363
LIME	363	385
SHALE	385	437
LIME	437	494
SHALE	494	500
LIME	500	502
RED SHALE	502	511
SAND & SHALE	511	527
SAND SHALE & LIME	527	547
KC LIME	547	601
SHALE	601	608
KC LIME	608	633
SHALE	633	639
KC LIME	639	655
SHALE	655	657
LIME	657	659
SAND & SHALE	659	794
LIME	794	803
SAND & SHALE	803	821
LIME	821	851
SAND & SHALE	851	867
LIME	867	869
SAND & SHALE	869	903
LIME	903	911
SAND & SHALE	911	929
LIME	929	933
SAND & SHALE	933	949
LIME	949	953
SAND & SHALE	953	974
LIME	974	978
SAND & SHALE	978	987
LIME	987	991
SAND & SHALE	991	1022.75
CAP LIME	1022.75	1024
SHALE	1024	1026.5

[illegible]



REMIT TO

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#

804206

Invoice Date: 05/18/15

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

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

ROLF #A-8

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	870.0000	30.000	609.00
CE0002	Equipment Mileage Charge - Heavy Equipment	1.000	0.0000	0.000	0.00
CE0461	Cement Pump Charge Below 12000'	43.300	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	65.100	1.4100	30.000	64.25
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	30.000	70.00
CC5840	Poz-Blend I A (50:50)	35.000	11.5000	30.000	281.75
CC5965	Bentonite	59.000	0.2200	30.000	9.09
CC5326	Sodium Chloride, Salt	71.000	0.3900	30.000	19.38
CC6077	Kolseal	175.000	0.4600	30.000	56.35

Subtotal 1,585.46

Discounted Amount 475.64

SubTotal After Discount 1,109.82

Amount Due 1,617.67 If paid after 06/17/15

Tax: 22.54

Total: 1,132.36



Invoice # 804206 LOC
 FIELD TICKET & TREATMENT REPORT FOR
 CEMENT

TICKET NUMBER 50989
LOCATION Offawa KS
FOREMAN Fred Mader

REMARKS: Hold Safety meeting. Establish circulation thru 7" casing
mix + pump 55 sks 60/50 Pot Mix Cement 2% Gel 5% Salt &
5" Kol Seal/sk. Cement to surface. Displace 7" casing
clean w/ 1.8 BBG water. Shut in casing.

From new to old

Fred Macdon

[illegible]

Bayin 3737

AUTHORIZATION

TITLE

DATE _____

SALES TAX	2254
ESTIMATED TOTAL	3236
DATE	11/17/67

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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO

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#

804216

Invoice Date: 05/19/15

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

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

ROLF #A-8

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0457	Cement Pump Charge 8001' - 9000'	1.000	1,085.0000	30.000	759.50
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	4.2000	30.000	117.60
CE0711	Minimum Cement Delivery Charge	1.000	368.0000	30.000	257.60
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	30.000	105.00
CC5840	Poz-Blend I A (50:50)	88.000	11.5000	30.000	708.40
CC5965	Bentonite	444.000	0.2200	30.000	68.38

Subtotal 2,880.68

Discounted Amount 864.20

SubTotal After Discount 2,016.48

Amount Due 2,948.93 If paid after 06/18/15

Tax: 47.77

Total: 2,064.25

