

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1256591

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: _____



1256591

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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
____ 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Nevius AI-13

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

Commenced Spudding:
5-1-2015

Lease Owner: Altavista Energy

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 25	Soil - Clay	25
19	Shale	44
44	Lime	88
20	Shale	108
9	Lime	117
29	Shale	146
4	Lime	150
35	Shale	185
1	Lime	186
3	Shale	189
10	Lime	199
15	Shale	214
25	Lime	239
7	Shale	246
20	Lime	266
5	Shale	271
2	Lime	273
6	Shale	279
7	Lime	286
8	Shale	294
1	Sand	295
2	Sand	297
2	Sand	299
1	Sand	300
17	Shale	317
10	Sand	327
13	Sandy Shale	340
140	Shale	480
6	Lime	486
3	Shale	489
17	Lime	506
20	Shale	526
3	Lime	529
10	Shale	539
4	Lime	543
9	Shale	552
6	Lime	558
72	Shale	630
1	Sandy Shale	631
1	Sand	632

Miami County, KS Tow
Well: Nevius AI-13
Lease Owner: Altavista Energy

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

Commenced Spudding:
5-1-2015

[illegible]

[illegible][illegible]

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. A1-13

Farm Navius

KS Miami
(State) (County)

17 16 24
(Section) (Township) (Range)

For DE
(Well Owner)

Dry Hole

**Town Oilfield
Services, Inc.**

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

Thickness of Strata	Formation	Total Depth	Remarks
0-25	soil-clay	25	
19	Shale	44	
44	Lime	88	
20	Shale	108	
9	Lime	117	
29	Shale	146	
4	Lime	150	
35	Shale	185	
1	Lime	186	
3	Shale	189	
10	Lime	199	
15	Shale	214	
25	Lime	239	Winterset
7	Shale	246	
20	Lime	266	Bethany Falls
5	Shale	271	
2	Lime	273	KC
6	Shale	279	
7	Lime	286	Hertha
8	Shale	294	
1	Sand	295	Odor, Good Bleed
2	Sand	297	See oil
2	Sand	299	Solid, Oil
1	Sand	300	Broken, 20%
17	Shale	317	
10	Sand	327	OK Bleed, Odor, Broken
13	Sandy Shale	340	NO OIL

2000

-4-



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# 804212

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

NEVIDS AI-13

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	30.000	4.2000	30.000	88.20
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)	49.000	11.5000	30.000	394.45
CC5965	Bentonite	247.000	0.2200	30.000	38.04

Subtotal 2,346.84

Discounted Amount 704.05

SubTotal After Discount 1,642.79

Amount Due 2,394.10 If paid after 06/18/15

Tax: 33.09

Total: 1,675.88

CONSOLIDATED
Oil Well Services, LLC

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

Invoice #804212

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 50927
LOCATION Ottawa
FOREMAN Alan Made

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-15	3244	Nevada A-13	NE 17	16	24	M:
CUSTOMER						
Altavista Energy						
MAILING ADDRESS						
P.O. Box 128						
CITY		STATE	ZIP CODE			
Wellsville		KS	66092			

TRUCK #	DRIVER	TRUCK #	DRIVER
7312	Ma Mad	Safety	Meet
368	Art M.		
675	Kei Det		
804	Gar M		

JOB TYPE <u>plug</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>650</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE	TUBING <u>drill steel</u>	<u>63D</u> OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

REMARKS: Held Meeting Established rate. Mixed & pumped
10 sk 30/50 cement plus 6% gel. Pulled drill
steel to 30' Mixed & pumped 39 sk more
cement. Circulated cement to surface. Pulled steel
out. Topped off well

49. SK to 191

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	CE 0457 / 1	PUMP CHARGE	368 1085 ⁰⁰	
5406	CE 0002 / 30	MILEAGE	368 908 126 ⁰⁰	
5407	CE 0711 / 1 mi	fuel miles	804 368 ⁰⁰	
5502C	WE 0853 / 1/2	80 gal	675 150 ⁰⁰	
		equipment	1729 ⁰⁰	
		less 30%	- 518.70	1210.30
1124	CES840 49.5K	5015D cement	563.50	
1118B	CES965 247	gal	54.34	
		material	617.84	
		less 30%	- 185.35	
				432.49
			Sales Tax	13.09

Rayin 3737

AUTHORIZATION Sergeant with 11th TITLE _____ DATE 2394.10

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.