



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1257592
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: _____



1257592

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 <i>(Attach Additional Sheets)</i>	<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
<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Nevius AI-12
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 5-12-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 16	Soil - Clay	16
47	Shale	63
7	Lime	70
4	Shale	74
32	Lime	106
20	Shale	126
11	Lime	137
4	Shale	141
5	Lime	146
18	Shale	164
4	Lime	168
38	Shale	206
10	Lime	216
16	Shale	232
24	Lime	256
8	Shale	264
20	Lime	284
4	Shale	288
2	Lime	290
5	Shale	295
9	Lime	304
11	Shale	315
5	Sand	320
17	Shale	337
16	Sand	353
14	Sandy Shale	367
129	Shale	496
6	Lime	502
2	Shale	504
3	Lime	507
7	Shale	514
12	Lime	526
18	Shale	544
4	Lime	548
9	Shale	557
2	Lime	559
11	Shale	570
5	Lime	575
67	Shale	642
1	Sand & Sandy Shale	643

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-12

Farm Nevius

KS Miami
(State) (County)

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

For Altavista Energy inc
(Well Owner)

**Town Oilfield
Services, Inc.**
1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Neivus Farm: Miami County

KS State; Well No. AI-12

Elevation 1045

Commenced Spuding 5-12 2015

Finished Drilling 5-13 2015

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Ryan Ward

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

17 16 24

(Section) (Township) (Range)
Distance from S line, 3300 ft.

Distance from E line, 2310 ft.

4 sacks 2 7/8 casing
1 core
9 hrs
5 7/8 borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/4" Set 23 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
712.	50	Baffle		e	
744		Float		2 7/8	
760	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil-clay	16	
47	shale	63	
7	lime	70	
4	shale	74	
32	lime	106	
20	shale	126	
11	lime	137	
4	shale	141	
5	lime	146	
18	shale	164	
4	lime	168	
38	shale	206	
10	lime	216	
16	shale	232	
24	lime	256	
8	shale	264	
20	lime	284	
4	shale	288	
2	lime	290	
5	shale	295	
9	lime	304	
11	shale	315	Hertha
5	sand	320	broken oil - good bleed
17	shale	337	
16	sand	353	broken oil - good bleed
14	sandy shale	367	
129	shale	496	



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# 804288

Invoice Date: 05/26/15 Terms: Net 30 Page 1

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

NEVIUS #AI-12

Table with 6 columns: Part No, Description, Quantity, Unit Price, Discount(%), Total. Rows include items like Cement Pump Charge, Equipment Mileage Charge, etc.

Subtotal 3,209.80
Discounted Amount 962.94
SubTotal After Discount 2,246.86

Amount Due 3,323.08 If paid after 06/25/15

Tax: 79.30

Total: 2,326.16



CONSOLIDATED
Oil Well Services, LLC

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

2929
2855
Invoice # 804288

TICKET NUMBER 50994
LOCATION Ottawa, KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-13-15	3244	Nevius # AI-12	NE 17	10	22	MI
CUSTOMER <u>Alta Vista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			712 / <u>Fred Maden</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			467 / <u>Ki Car</u>			
			675 / <u>Ki Car</u>			
			558 / <u>Art Mad</u>			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 744' DRILL PIPE Baffle in tubing @ 712 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug
DISPLACEMENT 4.1438 DISPLACEMENT PSI _____ MIX PSI _____ RATE 53PM

REMARKS: Hold safely making. Establish pump rate. Pump 1/2 gal HE-100
Polymer Flush. Circulate well to condition hole. Mix + Pump 100#
Gel Flush. Mix + Pump 94 sks 50/50 Poz Mix Cement 2 7/8 Gal 5%
Soft 5" Kol Seal/sk. Cement to surface. Flush pump lines
clean. Displace 2 3/4" Rubber Plug to Baffle. Pressure to 800#.
P.S. Release pressure to set float valve. Shut in casing.

TDS Drilling: Wes. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	CE0450	PUMP CHARGE	467	1085.00
5406	CE0002	30 mi MILEAGE	467	726.00
5402	CE0401	Casing Footage		NIC
5407	CE0711	Ten Miles	558	368.00
5502C	WE0853	80 BBL Vac Truck	675	1500.00
		SubTotal		1729.00
		Less 30%		-518.20
				1210.80
1124	CC5840	945 SKS 50/50 Poz Mix Cement		1081.00
1118B	CC5965	258# Premium Gel		56.26
1111	CC5326	89# Granulated Soft		73.21
1110A	CC6077	470# Kol Seal		216.20
4402	CP8176	1 2 1/2" Rubber Plug		29.50
1401		1/2 Gal HE 100 Polymer		23.63
		Material		1480.80
		Less 30%		-444.24
				1036.56
		7.65%	SALES TAX ESTIMATED TOTAL	79.30
				12326.86

AUTHORIZATION Bryan Miller TITLE _____ DATE 3/3/18

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