



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1257595  
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: \_\_\_\_\_



1257595

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](mailto: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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Miami County, KS  
Well: Nevius AI-14  
Lease Owner: Altavista Energy

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

Commenced Spudding:  
5-14-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 13	Soil - Clay	13
44	Shale	57
44	Lime	101
19	Shale	120
10	Lime	130
18	Shale	148
3	Lime	151
6	Shale	157
4	Lime	161
39	Shale	200
10	Lime	210
16	Shale	226
25	Lime	251
7	Shale	258
20	Lime	278
5	Shale	283
2	Lime	285
4	Shale	289
8	Lime	297
9	Shale	306
5	Sand	311
18	Shale	329
11	Sand	340
15	Sandy Shale	355
137	Shale	492
5	Lime	497
2	Shale	499
2	Lime	501
10	Shale	511
10	Lime	521
18	Shale	539
4	Lime	543
9	Shale	552
5	Lime	557
8	Shale	565
6	Lime	571
19	Shale	590
5	Lime	595
44	Shale	639
19	Core	658





# 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-14

Farm Neivus

KS Miami  
(State) (County)

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

For Allavista Energy inc  
(Well Owner)

## Town Oilfield Services, Inc.

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



Thickness of Strata	Formation	Total Depth	Remarks
0-13	soil-clay	13	
44	Shale	57	
44	Lime	101	
19	Shale	120	
10	Lime	130	
18	Shale	148	
3	Lime	151	red bed
6	Shale	157	
4	Lime	161	
39	Shale	200	
10	Lime	210	
16	Shale	226	
25	Lime	251	
7	Shale	258	
20	Lime	278	
5	Shale	283	
2	Lime	285	
4	Shale	289	
8	Lime	297	Hertha
9	Shale	306	
5	Sand	311	broken oil - good show
18	Shale	329	
11	Sand	340	mostly solid - heavy oil
15	sandy shale	355	
137	Shale	492	
5	Lime	497	
2	Shale	499	









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 # 804291

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-14

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,085.0000	30.000	759.50
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	4.2000	30.000	88.20
CE0461	Cement Pump Charge Below 12000'	720.000	0.0000	0.000	0.00
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)	95.000	11.5000	30.000	764.75
CC5965	Bentonite	260.000	0.2200	30.000	40.04
CC5326	Sodium Chloride, Salt	191.000	0.3900	30.000	52.14
CC6077	Kolseal	475.000	0.4600	30.000	152.95
CP8176	2 7/8" Top Rubber Plug	1.000	29.5000	30.000	20.65
1401	HE 100 Polymer	0.500	47.2500	30.000	16.54

Subtotal      3,224.82  
 Discounted Amount      967.44  
 SubTotal After Discount      2,257.38

Amount Due 3,339.24 If paid after 06/25/15

Tax:      80.10  
 Total:      2,337.47





**CONSOLIDATED**  
Oil Well Services, LLC

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

2932  
2858  
**INVOICE # 804291**  
**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 50998  
LOCATION Ottawa KS  
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-19-15	3244	Neu10S # AI. 14	NE 17	16	22	MI
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>712</u>	<u>Fred Mader</u>		
CITY <u>Wellsville</u>			<u>495</u>	<u>Harbec</u>		
STATE <u>KS</u>			<u>675</u>	<u>Kei Dat</u>		
ZIP CODE <u>66092</u>			<u>558</u>	<u>Bru Riv</u>		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 1/8 EUE  
CASING DEPTH 720 DRILL PIPE Baffle in TUBING @ 690 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 4.01 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 B PM

REMARKS: Hold safety meeting. Establish pump rate. Pump 1/2 Gal HE-100 Polymer. Circulate to condition hole. Mix & Pump 100# Gel Flush. Mix & Pump 95 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal /sk. Cement to surface. Flush Pump & lines clean. Displace 2 1/2" Rubber plug to Baffle. Pressure to 800# PSI. Release pressure to set float valve.

TOS Drilling - Wes Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	CE0450 1	PUMP CHARGE	495	1085.00
5406	CE0002 30 mi	MILEAGE	495	126.00
5402	CE0461	Casing Footage	N/C	
5407	Minimum CE07	11 Ton Miles		368.00
5502R	WE0853 1 1/2 hr	80 BBC Voe Truck	675	150.00
		Sub Total		1729.00
		less 30%		-518.70
				1210.30
1124	CC5840 95 SKS	50/50 Poz Mix Cement	1092.50	
1115B	CC5965 260#	Premium Gel	57.20	
1111	CC5326 191#	Granulated Salt	74.80	
1110A	CC6077 175#	Kol Seal	218.50	
4402	CP8176 1	2 1/2" Rubber Plug	29.50	
1401	42 Gal	HE 100 Poly ester	236.30	
		Material	1495.80	
		less 30%		-448.75
				1047.05
		7.65%	SALES TAX	80.10
			ESTIMATED TOTAL	2337.47

AUTHORIZATION Bryan Miller TITLE \_\_\_\_\_ DATE 8/33/15

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.