



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1257602
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: _____



1257602

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Nevius AI-11
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-29-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 10	Soil - Clay	10
1	Shale	11
3	Lime	14
55	Shale	69
8	Lime	77
5	Shale	82
32	Lime	114
18	Shale	132
11	Lime	143
27	Shale	170
4	Lime	174
40	Shale	214
10	Lime	224
16	Shale	240
25	Lime	265
6	Shale	271
21	Lime	292
3	Shale	295
3	Lime	298
5	Shale	303
9	Lime	312
30	Shale	342
12	Sand	354
26	Sandy Shale	380
128	Shale	508
4	Lime	512
3	Shale	515
6	Lime	521
5	Shale	526
10	Lime	536
18	Shale	554
4	Lime	558
11	Shale	569
4	Lime	573
8	Shale	581
6	Lime	587
20	Shale	607
2	Lime	609
47.5	Shale	656.5
0.5	Sand	657

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 $BPH \times PSI \times .0004$

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-11

Farm Navios

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

Thickness of Strata	Formation	Total Depth	Remarks
0-10	soil-clay	10	
1	Shale	11	
3	Lime	14	
55	Shale	69	
8	Lime	77	
5	Shale	82	
32	Lime	114	
18	Shale	132	
11	Lime	143	
27	Shale	170	red bed
4	Lime	174	
40	Shale	214	
10	Lime	224	
16	Shale	240	
25	Lime	265	
6	Shale	271	
21	Lime	292	
3	Shale	295	
3	Lime	298	
5	Shale	303	
9	Lime	312	Hertha
30	Shale	342	
12	sand	354	broken - heavy oil - good show
26	sandy shale	380	
128	Shale	508	
4	Lime	512	
3	Shale	515	



CONSOLIDATED
Oil Well Services, LLC

Invoice # 804120 ²¹⁹⁴ ₂₇₂₄

TICKET NUMBER 50968

LOCATION Ottawa KS

FOREMAN Fred Maden

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
4.30.15	3244	Nevius # AT-11	NE 17	16	24	M1
CUSTOMER Altaivista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Mad /			
CITY STATE ZIP CODE Wellsville KS 66092			467 / Kei Lar /			
			675 / Kei Det /			
			558 / Arl Mch /			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 740. CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 731.0 DRILL PIPE Baffle in tubing @ 700' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' Plug
 DISPLACEMENT 4.02 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold Safety meeting. Establish pump rate. Mix 1/2 Gal HE-100 Polymer Flush. Circulate well to condition hole. Mix + Pump 100# Gal Flush. Mix + Pump 93 sks 50/50 Poz Mix Cement 2% Gal 5% Salt 5" Kol Seal/sk. Cement to surface. Flush pump & lines clean Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shot in casing.

TOS Drilling, Wcs.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 /	1	PUMP CHARGE	467	1085 ⁰⁰ /
5406 /	30 mi	MILEAGE	467	126 ⁰⁰ /
5402 /	731	Casing Footage	N/C	/
5407 /	Minimum	Ten Miles	558	368 ⁰⁰ /
5502C /	1 1/2 hr	80 BBL Vac Truck		150 ⁰⁰ /
		Sub Total		1729 ⁰⁰
		less 30%		-518 ⁷⁰ 1210 ³⁰
1124 /	93 sks	50/50 Poz Mix Cement		1069 ⁵⁰ /
1118B /	256 #	Premium Gel		56 ³² /
1111 /	188 #	Granulated Salt		73 ³² /
1110A /	465 #	Kol Seal		213 ⁹⁰ /
4402 /	1	2 1/2" Rubber Plug.		29 ⁵⁰ /
1401 /	1/2 Gal	HE 100 Polymer.		23 ⁵³ /
		Material		1466 ¹⁷
		Less 30%		-439 ⁸⁵ 1026 ³²
			7.65%	SALES TAX 78 ⁵¹ /
				ESTIMATED TOTAL 2315 ¹² /

Ravin 3737

AUTHORIZATION [Signature]

TITLE Supervisor

DATE 3/30/15

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.