



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1257603
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: _____



1257603

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> <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 A-11
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-28-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 8	Soil - Clay	8
1	Lime	9
3	Clay	12
2	Shale	14
3	Lime	17
56	Shale	73
31	Lime	104
1	Shale	105
12	Lime	117
18	Shale	135
12	Lime	147
27	Shale	174
4	Lime	178
39	Shale	217
11	Lime	228
15	Shale	243
25	Lime	268
7	Shale	275
21	Lime	296
4	Shale	300
2	Lime	302
5	Shale	307
8	Lime	315
31	Shale	346
14	Sand	360
15	Sandy Shale	375
134	Shale	509
6	Lime	515
2	Shale	517
5	Lime	522
5	Shale	527
10	Lime	537
18	Shale	555
3	Lime	558
10	Shale	568
6	Lime	574
74	Shale	648
1	Lime	649
8	Shale	657
1	Sand	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 $BPH \times PSI \times .0004$

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. A-11

Farm Neuvius

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
0-8	Soil-clay	8	
1	Lime	9	
3	clay	12	
2	Shale	14	
3	Lime	17	
56	Shale	73	
31	Lime	104	
1	Shale	105	
12	Lime	117	
18	Shale	135	
12	Lime	147	
27	Shale	174	
4	Lime	178	
39	Shale	217	
11	Lime	228	
15	Shale	243	
25	Lime	268	
7	Shale	275	
21	Lime	296	
4	Shale	300	
2	Lime	302	
5	Shale	307	
8	Lime	315	Heather
31	Shale	346	
14	Sand	360	broken - Heavy Oil
15	Sandy Shale	375	
134	Shale	509	



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# 804115

Invoice Date: 04/30/15 Terms: Net 30 Page 1

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

NEVISA # A-11

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	30.000	759.50
5406	Mileage Charge	30.000	4.2000	30.000	88.20
5402	Casing Footage	719.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	30.000	257.60
5502C	80 Vacuum Truck Cement	1.500	100.0000	30.000	105.00
1124	Poz Cement Mix	89.000	11.5000	30.000	716.45
1118B	Premium Gel / Bentonite	250.000	0.2200	30.000	38.50
1111	Sodium Chloride (Granulated Salt)	180.000	0.3900	30.000	49.14
1110A	Kol Seal (50# BAG)	445.000	0.4600	30.000	143.29
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,111.90
 Discounted Amount 933.57
 SubTotal After Discount 2,178.33

Amount Due 3,217.69 If paid after 05/30/15

Tax: 74.05
 Total: 2,252.38



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 80415 ²⁷⁷⁷/₂₇₀₁

TICKET NUMBER 50967
LOCATION Ottawa KS
FOREMAN Fred Madu

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-29-15	3244	Neviosa # A-11	NE 17	16	24	R11
CUSTOMER			TRUCK #			
Altaivista Energy			712 / Fred Madu			
MAILING ADDRESS			495 / Har Bee			
P.O. Box 128			675 / Kai Dost			
CITY			558 / Gar Man			
Wellsville						
STATE						
KS						
ZIP CODE						
66092						

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 719 DRILL PIPE Baffle in TUBING @ 687 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3' + Plug
 DISPLACEMENT 4.0 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 PM

REMARKS: Hold Safety Meeting. Establish pump rate. Mix & Pump 100# Gel
Flush. Mix & Pump 0 sks 50/50 Por 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 Flood Valve. Shut in Casing.

TGS Drilling Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	30 mi	MILEAGE	495	126.00
5402	719	Casing Footage	N/C	
5407	Minimum	Ton Miles	558	368.00
5502C	1 1/2 hr	80 BBL Vac Truck	675	150.00
		Sub Total		1729.00
		Less 30%		-518.70
				1210.30
1124	89 sks	50/50 Por Mix Cement		1023.50
118B	250#	Premium Gel		55.00
111	180#	Granulated Salt		70.20
110A	445#	Kol Seal		204.20
4402	1	2 1/2" Rubber Plug		29.50
		Material		1382.90
		Less 30%		-414.87
				968.03
			7.65%	74.05
			SALES TAX	74.05
			ESTIMATED	2252.38
			TOTAL	2252.38

Completed

AUTHORIZATION Bryan [Signature] TITLE _____ DATE 3/21/69

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.