



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258795
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: _____



1258795

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Barkis AI-12
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-21-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 5	Soil - Clay	5
1	Lime	6
3	Clay	9
3	Lime	12
70	Shale	82
21	Lime	103
12	Shale	115
11	Lime	126
31	Shale	157
4	Lime	161
39	Shale	200
11	Lime	211
14	Shale	225
25	Lime	250
8	Shale	258
21	Lime	279
4	Shale	283
2	Lime	285
5	Shale	290
8	Lime	298
33	Shale	331
3	Sandy Shale	334
1	Sand	335
1	Sandy Lime	336
3	Sand	339
11	Sand	350
26	Sandy Shale	376
113	Shale	489
5	Lime	494
1	Shale	495
2	Lime	497
3	Shale	500
2	Lime	502
5	Shale	507
7	Lime	514
20	Shale	534
4	Lime	538
10	Shale	548
2	Lime	550
10	Shale	560

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-12

Farm Barkis

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
0-5	soil-clay	5	
1	Lime	6	
3	clay	9	
3	Lime	12	
70	shale	82	
21	Lime	103	
12	shale	115	
11	Lime	126	
31	shale	157	
4	Lime	161	
39	shale	200	
11	Lime	211	
14	shale	225	
25	Lime	250	
8	shale	258	
21	Lime	279	
4	shale	283	
2	Lime	285	
5	shale	290	
8	Lime	298	
33	shale	331	Heating
3	sandy shale	334	
1	sand	335	solid oil
1	sandy lime	336	no oil
3	sand	339	broken oil
11	sand	350	
26	sandy shale	376	



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# 804056

Invoice Date: 04/24/15 Terms: Net 30 Page 1

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

BARKIS #AI-12

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	723.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	30.000	257.60
5502C	80 Vacuum Truck Cement	2.000	100.0000	30.000	140.00
1124	Poz Cement Mix	96.000	11.5000	30.000	772.80
1118B	Premium Gel / Bentonite	261.000	0.2200	30.000	40.19
1111	Sodium Chloride (Granulated Salt)	202.000	0.3900	30.000	55.15
1110A	Kol Seal (50# BAG)	480.000	0.4600	30.000	154.56
1401	HE 100 Polymer	0.500	47.2500	30.000	16.54
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,293.13
 Discounted Amount 987.94
 SubTotal After Discount 2,305.19

Amount Due 3,408.96 If paid after 05/24/15

Tax: 81.08
 Total: 2,386.27



CONSOLIDATED
Oil Well Services, LLC

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

INVOICE # **2717**
2648 **2717**
2648

TICKET NUMBER 50947
LOCATION Offshoots
FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/22/15	3244	Barkis #AI-12	NE 17	16	24	MI
CUSTOMER Atavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 Caskey ✓ Safety, Macking			
CITY STATE ZIP CODE Wellsville KS 66792			467 KeiCar ✓			
			558 HarBec ✓			
			369 Mikhaa ✓			

JOB TYPE lengthing HOLE SIZE 5 5/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 27 1/8" EUE
CASING DEPTH 723' DRILL PIPE _____ TUBING baffle - 682' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 31'
DISPLACEMENT 4.00 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety macking, established circulation, mixed & pumped 1/2 gal Polymer, circulated to condition hole, mixed & pumped 100# Gel, mixed & pumped 96 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kalsol per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.00 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	36 mi	MILEAGE	126.00	126.00
5402	723'	casing footage		
5407	mi	fuel mileage	368.00	368.00
5502c	2 hrs	80 Vac	200.00	200.00
		trucks	1779.00	
		-30%	533.70	
		subtotal		1245.30
1124	96 sks	50/50 Pozmix cement	1104.00	1104.00
1118B	261 #	Gel	57.42	57.42
1111	202 #	Salt	78.78	78.78
1110A	480 #	Kalsol	220.80	220.80
1401	1/2 gal	Polymer	23.63	23.63
4402	1	2 1/2" rubber plug	29.50	29.50
		materials	1514.13	
		-30%	454.24	
		subtotal		1059.89
		7.65%		81.08
		SALES TAX		81.08
		ESTIMATED TOTAL		2386.27

completed

Flavin 3737 AUTHORIZATION Bryan Mills TITLE _____ DATE (3408.96)

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.