



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258805
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: _____



1258805

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> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Barkis AI-13
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 6-22-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 6	Soil - Clay	6
11	Lime	17
71	Shale	88
20	Lime	108
13	Shale	121
10	Lime	131
31	Shale	162
4	Lime	166
39	Shale	205
10	Lime	215
15	Shale	230
25	Lime	255
9	Shale	264
21	Lime	285
3	Shale	288
3	Lime	291
3	Shale	294
9	Lime	303
14	Shale	317
5	Sand	322
19	Lime	341
4	Shale	345
15	Lime	360
135	Shale	495
4	Lime	499
2	Shale	501
6	Lime	507
5	Shale	512
7	Lime	519
19	Shale	538
4	Lime	542
8	Shale	550
3	Lime	553
7	Shale	560
1	Lime	561
2	Shale	563
6	Lime	569
72	Shale	641
8	Sand	649
4	Sand	653

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 $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. AI-13

Farm Bark's

KS
(State)

Miami
(County)

17
(Section)

16
(Township)

24
(Range)

For Altavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

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

Barkis Farm: Miami County
 KS State; Well No. AI-13

Elevation 1037

Commenced Spuding 6-22 20 15

Finished Drilling 6-23 20 15

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Stephen Scott

Tool Dresser's Name

Contractor's Name TOS
 17 16 24

(Section) (Township) (Range)
 Distance from S line, 3465 ft.
 Distance from E line, 4765 ft.

4 sacks 2 7/8 casing
 THIS
 5 5/8 borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 5/8" Set 23 6 3/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
684.30		Ball	1/2		
714.05		Float			
720	TD				2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil-clay	6	
11	Lime	17	
71	Shale	88	
20	Lime	108	
13	Shale	121	
10	Lime	131	
31	Shale	162	
4	Lime	166	
39	Shale	205	
10	Lime	215	
15	Shale	230	
25	Lime	255	
9	Shale	264	
21	Lime	285	
3	Shale	288	
3	Lime	291	
3	Shale	294	
9	Lime	303	Hertha
14	Shale	317	
5	sand	322	solid-good show
19	Shale	341	
4	sand	345	Heavy Oil
15	sand	360	no Oil
135	Shale	495	
4	Lime	499	
2	Shale	501	
6	Lime	507	

507

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	512	
7	Lime	519	
19	Shale	538	
4	Lime	542	
8	Shale	550	
3	Lime	553	
7	Shale	560	
1	Lime	561	
2	Shale	563	
6	Lime	569	
72	Shale	641	
4	sand	649	mostly solid - good saturation
4	sand	653	broken - very little oil
27	sandy shale	680	
40	Shale	720	TD



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# 804666

Invoice Date: 06/28/15

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

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

Barkis #AI-13

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	46.000	810.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	46.000	115.83
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	46.000	356.40
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	46.000	81.00
CC5840	Poz-Blend I A (50:50)	82.000	13.5000	46.000	597.78
CC5965	Bentonite	238.000	0.3000	46.000	38.56
CC5326	Sodium Chloride, Salt	152.000	0.7500	46.000	61.56
CC6077	Kolseal	410.000	0.5000	46.000	110.70
CC6128	Mud Flush - C	0.500	50.0000	46.000	13.50
CP8175	2 3/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,091.90

Discounted Amount 1,882.27

SubTotal After Discount 2,209.63

Amount Due 4,211.81 If paid after 07/28/15

Tax: 64.75

Total: 2,274.38



CONSOLIDATED
Oil Well Services, LLC

3258

3178

Invoice # 84666

TICKET NUMBER 49677

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
6-23-15	3244	Barkle # A1.13	SE 17	16	22	MI
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			DRIVER			
KS			TRUCK #			
66092			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 714 DRILL PIPE Baffle in TUBING @ 604' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + plug
 DISPLACEMENT 4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix 1/2 Gal NE-100 Polymer Flush. Circulate to condition hole. Mix + Pump 100# Gal Flush. Mix + Pump 82 sks Poz Blend I A 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. Shut in casing.

TOS Drilling - Wesley

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi.	MILEAGE	214.50	
CE0711	Minimum	Ten Miles Delivery	660.00	
WE0853	1/2 hr	50 BBL Vac Truck	150.00	
		Sub Total	2524.50	
		Less 46%	-1161.27	1363.23
CC5840	82 sks	Poz Blend Cement I A	1107.00	
CC5965	238#	Bentonite Gel	71.40	
CC5326	152#	Salt - Sodium Chloride	114.00	
CC6011	410#	Kol Seal	205.00	
CC6128	1/2 Gal	Mud Flush G	25.00	
CP8175	1	2 1/2" Rubber Plug	45.00	
		Sub Total	1567.40	
		Less 46%	-721.00	846.40
		7.65% SALES TAX	64.75	
		ESTIMATED TOTAL	2274.35	

AUTHORIZATION Byron Silly TITLE _____ DATE (4211.81)

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.