



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258811
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: _____



1258811

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> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Barkis AI-40
Lease Owner: Altavista Energy

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

Commenced Spudding:
5-7-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-2	Soil - Clay	2
8	Lime	10
15	Shale	25
5	Lime	30
4	Shale	34
1	Lime	35
44	Shale	79
5	Lime	84
15	Shale	99
34	Lime	133
17	Shale	150
13	Lime	163
27	Shale	190
5	Lime	195
39	Shale	234
10	Lime	245
15	Shale	260
24	Lime	284
7	Shale	291
20	Lime	311
4	Shale	315
3	Lime	318
5	Shale	323
9	Lime	330
13	Shale	345
2	Sand	347
18	Sandy Shale	365
23	Sand	388
140	Shale	528
12	Lime	540
7	Shale	547
6	Lime	553
20	Shale	573
4	Lime	577
9	Shale	586
3	Lime	589
8	Shale	597
10	Lime	607
69	Shale	676
2	Dark Shale	678

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 1.4 \times h$

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-40

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
0-2	soil-clay	2	
8	Lime	10	
15	Shale	25	
5	Lime	30	
4	Shale	34	
1	Lime	35	
44	Shale	79	
5	Lime	84	
15	Shale	99	
34	Lime	133	
17	Shale	150	
13	Lime	163	
27	Shale	190	bed bed
5	Lime	195	
39	Shale	234	
10	Lime	245	
15	Shale	260	
24	Lime	284	Wenters +
7	Shale	291	
20	Lime	311	Bethway Falls
4	Shale	315	
3	Lime	318	VC
5	Shale	323	
9	Lime	332	Hertha
13	Shale	345	
2	Sand	347	
18	Sandy shale	365	Slight Blood, Broken

365

Thickness of Strata	Formation	Total Depth	Remarks
23	Sand	388	Grey
140	Shale	528	
12	Lime	540	
7	Shale	547	
6	Lime	553	
20	Shale	573	
4	Lime	577	
9	Shale	586	
3	Lime	589	
8	Shale	597	
10	Lime	607	
69	Shale	676	
2	Dark Shale	678	
1	Sandy Shale	679	Slight show
19	Core	698	Page 6, Perf 688-694
17	Sandy Shale	715	
65	Shale	780	TD

Thickness of Strata	Formation	Total Depth	Remarks			
679	3 feet Laminated	Oil	Sand, 70% Saturated			
680						
681						
682	Solid Sand, 6 Feet		Brown, not much bleed			
683						
684						
685						
686						
687						
688	Solid Sand, Saturated, bleeding	Per f				
689						
690						
691						
692	Sandy Shale		Dead oil			
693						
694						
695						
696	Sandy Shale	692				
6				Sand	688	Brown, little bleed
6				Sand	694	oil, Saturated
4	Sandy Shale	698	Dead oil			



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# 804224

Invoice Date: 05/19/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HWY, PO BOX 128 BARKIS # AI-40
 WELLSVILLE KS 66092
 USA
 7858834057

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'	764.000	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)	2.000	100.0000	30.000	140.00
CC5840	Poz-Blend I A (50:50)	97.000	11.5000	30.000	780.85
CC5965	Bentonite	263.000	0.2200	30.000	40.50
CC5326	Sodium Chloride, Salt	195.000	0.3900	30.000	53.24
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
CC6077	Kolseal	485.000	0.4600	30.000	156.17

Subtotal 3,304.64
 Discounted Amount 991.39
 SubTotal After Discount 2,313.25

Amount Due 3,398.46 If paid after 06/18/15

Tax: 65.68
 Total: 2,378.93



CONSOLIDATED
Oil Well Services, LLC

INVOICE # 804224 ²⁸⁵¹ ₂₇₇₂

TICKET NUMBER 50993
LOCATION Ottawa KS
FOREMAN Fred Madu

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
5-8-15	3244	Barkis * A7-40	NW 17	16	24	CF

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
ALTAVISTA Energy MAILING ADDRESS P.O. Box 128 CITY Wellsville STATE KS ZIP CODE 66092	712	Fred Madu		
	467	Rei Car		
	369	Mik Haa		
	558	Art McD		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 780 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 764 DRILL PIPE Baffle in TUBING 732 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 4.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold safety meeting. Establish pump rate. Pump 1/2 Gal NE 100 Polymer. Circulate to condition hole. Mix + Pump 100' Gal Flush. Mix + Pump 97 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. Pressure to 800 PSI. Release pressure to set float valve. Shut in casing.

TAS Drilling - Jeff Town

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	CE0450 1	PUMP CHARGE	467	1085.00
5406	CE0012 30	MILEAGE	467	126.00
5402	CE0461 264'	Casing foot/ago		N/C
5407	CE0711 1	Ton Miles	558	368.00
5502c	NE0853 2 hrs	80 BBL Vac Truck		200.00
		Sub Total		1779.00
		Less 30%		-533.70
				1245.30
1124	CC5840 97 sks	50/50 Poz Mix Cement	1115.00	
1118B	CC5965 263#	Premium Gel	57.86	
7111	CC53195#	Granulated Salt	76.05	
1110A	CC16079 1185#	Kol Seal	223.10	
4402	CP8176 1	2 1/2" Rubber Plug	29.50	
1401	1/2 Gal	NE 100 Polymer	23.63	
		Material		1525.14
		Less 30%		-457.54
				1067.60
		7.65%	SALES TAX	85.68
			ESTIMATED TOTAL	2378.93

Ravin 3737

AUTHORIZATION Bryan Mills TITLE _____ DATE 5/8/15

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.