



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258855
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: _____



1258855

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 A-12
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-13-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 8	Soil - Clay	8
13	Shale	21
10	Sand	31
14	Lime	45
70	Shale	115
19	Lime	134
13	Shale	147
10	Lime	157
3	Shale	160
10	Sandy Shale	170
19	Shale	189
3	Lime	192
40	Shale	232
10	Lime	242
16	Shale	258
25	Lime	283
5	Shale	288
22	Lime	310
3	Shale	313
3	Lime	316
2	Shale	318
11	Lime	329
37	Shale	366
3	Sand	369
2	Sandy Lime	371
6	Sand	377
35	Sandy Shale	412
51	Shale	463
6	Sand	469
60	Shale	529
4	Lime	533
5	Shale	538
5	Lime	543
21	Shale	564
4	Lime	568
9	Shale	577
5	Lime	582
6	Shale	588
4	Lime	592
74	Shale	666

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 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. A-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

Barkis Farm: Miami County
KS State; Well No. A-12

Elevation 1066
Commenced Spuding 4-13 20 15
Finished Drilling 4-14 20 15
Driller's Name Wesley Dollard

Driller's Name _____
Driller's Name _____

Tool Dresser's Name Ryan Ward
Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS
17 16 24

(Section) (Township) (Range)
Distance from S line, 4455 ft.
Distance from E line, 4785 ft.

4 sacks 2 7/8 casing
1 coil
10 hrs
5 5/8 bore hole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 7/8" Set 23 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
667.	55	seat nipple			
699.	05	Baffle			
730.	35	Float		2 7/8	
760	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil-clay	8	
13	shale	21	
10	sand	31	redbed
14	Lime	45	no oil
70	Shale	115	
19	Lime	134	
13	Shale	147	
10	Lime	157	
3	shale	160	
10	sandy shale	170	
19	Shale	189	redbed
3	Lime	192	
40	Shale	232	
10	Lime	242	
16	Shale	258	
25	Lime	283	
5	Shale	288	
22	Lime	310	
3	Shale	313	
3	Lime	316	
2	Shale	318	
11	Lime	329	Hertha
37	Shale	366	
3	sand	369	broken - heavy oil
2	sandy lime	371	no oil
6	sand	377	broken - heavy oil
35	sandy shale	412	

412

Thickness of Strata	Formation	Total Depth	Remarks
51	shale	463	
6	sand	469	no oil
60	shale	529	
4	lime	533	
5	shale	538	
5	lime	543	
21	shale	564	
4	lime	568	
9	shale	577	
5	lime	582	
6	shale	588	
4	lime	592	
74	shale	666	
20	core	686	page 6
24	sandy shale	710	
50	shale	760	TD

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		666	
2.5	shale	668.5	
.5	sand	669	solid oil laminated no oil laminated } Perf
.6	sand	675	
1.5	sand	676.5	
.5	sand	677	
.9	sandy shale	686	



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# 804014

Invoice Date: 04/17/15 Terms: Net 30 Page 1

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

barkis #a-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	730.000	0.0000	0.000	0.00
5407A	Ton Mileage 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	95.000	11.5000	30.000	764.75
1118B	Premium Gel / Bentonite	260.000	0.2200	30.000	40.04
1111	Sodium Chloride (Granulated Salt)	192.000	0.3900	30.000	52.42
1110A	Kol Seal (50# BAG)	475.000	0.4600	30.000	152.95
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,251.58
 Discounted Amount 975.47
 SubTotal After Discount 2,276.11

Amount Due 3,364.23 If paid after 05/17/15

Tax: 78.85
 Total: 2,354.96



CONSOLIDATED
Oil Well Services, LLC

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

2681
2611
INVOICE# 804014

TICKET NUMBER 50937
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-14-15	3244	Barkis # A-12	NW 17	16	22	MI
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			KS			
66092			675			
			548			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 730' DRILL PIPE Baffle in TUBING @ 700' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' x Plug
 DISPLACEMENT 4.07 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 PM

REMARKS: Hold Safety meeting, Establish pump rate. Mix + Pump 100# Gal
Flush. Mix + Pump 8 SKS 50/50 Poz Mix Cement 270 Gal 3% Salt
5# Kal 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.

TDS Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1065.00
5406	30 mi	MILEAGE	495	126.00
5402	730'	Casing footage	NK	
5402A	Minimum	Ton Miles	548	368.00
5502C	2hrs	80 BBL Vac Truck	675	200.00
		Sub Total		1779.00
		Less 30%		-533.70
				1245.30
1124	95 SKS	50/50 Poz Mix Cement	1092.50	
118A	260#	Premium Gal	57.20	
111	192#	Granulated Salt	74.88	
110A	475#	Kal Seal	218.50	
		Material	1443.08	
		Less 30%	-432.92	
		Total		1010.16
41402	1	2 1/2" Rubber Plug	29.50	20.65
			17.6570	
		SALES TAX		78.85
		ESTIMATED TOTAL		2254.96

AVIN 3737
 AUTHORIZATION Bryan Mills TITLE _____ DATE 3/31/23

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.