



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258857
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: _____



1258857

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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 A-13
Lease Owner: Altavista Energy Inc.

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

Commenced Spudding:
4-15-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 10	Soil - Clay	10
16	Lime	26
70	Shale	96
19	Lime	115
13	Shale	128
10	Lime	138
12	Sandy Shale	150
20	Shale	170
3	Lime	173
39	Shale	212
11	Lime	223
15	Shale	238
25	Lime	263
7	Shale	270
21	Lime	291
4	Shale	295
2	Lime	297
4	Shale	301
10	Lime	311
34	Shale	345
11	Sand	356
38	Sandy Shale	394
110	Shale	504
4	Lime	508
3	Shale	511
2	Lime	513
8	Shale	521
7	Lime	528
20	Shale	548
4	Lime	552
8	Shale	560
4	Lime	564
7	Shale	571
5	Lime	576
1	Shale	577
1	Lime	578
70	Shale	648
19	Core	667
21	Sandy Shale	688
52	Shale	740 TD

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times h \times 14$

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-13

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
0-10	soil-clay	10	
16	Lime	26	
70	shale	96	
19	Lime	115	
13	shale	128	
10	Lime	138	
12	sandy shale	150	
20	shale	170	
3	Lime	173	
39	shale	212	
11	Lime	223	
15	shale	238	
25	Lime	263	
7	shale	270	
21	Lime	291	
4	shale	295	
2	Lime	297	
4	shale	301	
10	Lime	311	Heitha
34	shale	345	
11	sand	356	gas odor - slight oil show
38	sandy shale	394	
110	shale	504	
4	Lime	508	
3	shale	511	
2	Lime	513	
8	shale	521	

521

Thickness of Strata	Formation	Total Depth	Remarks
7	Lime	528	
20	Shale	548	
4	Lime	552	
8	Shale	560	
4	Lime	564	
7	Shale	571	
5	Lime	576	
1	Shale	577	
1	Lime	578	
70	Shale	648	
19	Core	667	
21	sandy shale	688	
52	shale	740	TD



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 804038

Invoice Date: 04/21/15 Terms: Net 30 Page 1

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

BARKIS #A-13

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	711.000	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	90.000	11.5000	30.000	724.50
1118B	Premium Gel / Bentonite	251.000	0.2200	30.000	38.65
1111	Sodium Chloride (Granulated Salt)	181.000	0.3900	30.000	49.41
1110A	Kol Seal (50# BAG)	450.000	0.4600	30.000	144.90
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,126.31
 Discounted Amount 937.89
 SubTotal After Discount 2,188.42

Amount Due 3,233.20 If paid after 05/21/15

Tax: 74.82
 Total: 2,263.23



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 804038 ²⁷⁰² ₂₆₃₂

TICKET NUMBER 50960

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-15	3244	Barkis # A-13	NW 17	16	22	ME
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
TRUCK #		DRIVER		TRUCK #		DRIVER
712		Fre Mad				
495		Har Bos				
675		Kai Det				
548		Arl McD				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 740' CASING SIZE & WEIGHT 278 EUE
 CASING DEPTH 741' DRILL PIPE Baffle in TUBING @ 680' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 3.95B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.13 PM

REMARKS: Hold Safety Meeting. Establish pump rate. Mix Pump 100#
Gal Flush. Mix + Pump 90 SKS 50/50 Poz 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 Float Valve. Shut in Casing.

TOS Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5407	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	711	Casing footage	N/C	
5407	Minimum	Tax Miles	548	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
		Sub Total		1729 ⁰⁰
		Less 30%		-518 ²⁰
				1210 ³⁰
1124	90 SKS	50/50 Poz Mix Cement	1035 ⁰⁰	
1118B	25#	Premium Gel	55 ³²	
1111	181#	Granulated Salt	70 ⁵⁹	
1110A	450#	Kol Seal	207 ⁰⁰	
4402	1	2 1/2" Rubber Plug	295 ⁰⁰	
		Material	1397 ³¹	
		Less 30%	-419 ¹⁹	978 ¹²
			7.165%	SALES TAX 74 ⁸²
				ESTIMATED TOTAL 2263 ³⁹

Revin 3737

AUTHORIZATION Bryan [Signature] TITLE _____ DATE 4/23/20

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.