



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258862
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
-----------------------------------	-----------------	---

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: _____



1258862

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
--	---

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
----------------	--	---

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> _____
---	--

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: _____ _____
--	--	---

Miami County, KS
 Well: Barkis A-15
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-22-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 1	Soil - Clay	1
4	Lime	5
2	Clay	7
71	Shale	78
21	Lime	99
13	Shale	112
10	Lime	122
31	Shale	153
4	Lime	157
39	Shale	196
12	Lime	208
14	Shale	222
25	Lime	247
7	Shale	254
21	Lime	275
4	Shale	275
2	Lime	279
5	Shale	281
8	Lime	286
36	Shale	330
2	Limey Sand	332
4	Sand	336
20	Sand	356
10	Sandy Shale	366
123	Shale	489
4	Lime	493
2	Shale	495
3	Lime	498
8	Shale	506
7	Lime	513
19	Shale	532
4	Lime	536
9	Shale	545
5	Lime	550
7	Shale	557
7	Lime	564
69	Shale	633
20	Core	653
11	Sandy Shale	664
56	Shale	720 TD

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. A-15

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

FILED 55-12

Balkis Farm: Miami County
 KS State; Well No. A-15
 Elevation 1037
 Commenced Spuding 4-22 20 15
 Finished Drilling 4-23 20 15
 Driller's Name Wesley Dollard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name Cole Holcom
 Tool Dresser's Name _____
 Contractor's Name TOS
17 16 24

(Section) (Township) (Range)
 Distance from 5 line, 3465 ft.
 Distance from E line, 5115 ft.
4 sacks 2 7/8 casing
1 core
9 hrs
5 5/8 borehole

**CASING AND TUBING
 RECORD**

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

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
635	95	Seat	ripple		
667	45	Baffle	2 1/8		
698	95	Floet			
720	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-1	soil - clay	1	
4	Lime	5	
2	clay	7	
71	shale	78	
21	Lime	99	
13	shale	112	
10	Lime	122	
31	shale	153	
4	Lime	157	
39	shale	196	
12	Lime	208	
14	shale	222	
25	Lime	247	
7	shale	254	
21	Lime	275	
4	shale	279	
2	Lime	281	
5	shale	286	
8	Lime	294	Hertha
36	shale	330	
2	limy sand	332	
4	sand	336	broken oil - slight show
20	sand	356	no oil
10	sandy shale	366	
123	shale	489	
4	Lime	493	
2	shale	495	

495

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	498	
8	Shale	506	
7	Lime	513	
19	Shale	532	
4	Lime	536	
9	Shale	545	
5	Lime	550	
7	Shale	557	
7	Lime	564	
69	Shale	633	
20	Coal	653	
11	sandy shale	664	page 6
56	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#

804061

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 #A-15

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	698.000	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	94.000	11.5000	30.000	756.70
1118B	Premium Gel / Bentonite	258.000	0.2200	30.000	39.73
1111	Sodium Chloride (Granulated Salt)	190.000	0.3900	30.000	51.87
1110A	Kol Seal (50# BAG)	470.000	0.4600	30.000	151.34
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,186.56
 Discounted Amount 955.97
 SubTotal After Discount 2,230.59

Amount Due 3,298.06 If paid after 05/24/15

Tax: 78.05
 Total: 2,308.64



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 884061 *2722 / 2652*

TICKET NUMBER 50961
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/23/17	3244	Barkis # A-15	SW 11	22	16	MI
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / FreMad			
CITY STATE ZIP CODE Wellsville KS 66067			495 / HarBec			
			675 / Ki Det			
			558 / Ar/McD			

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 698 DRILL PIPE Baffle Intubing @ 667' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3' + Plug
 DISPLACEMENT 3.88' DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100#
 Gel flush. Mix + Pump 94 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 in
 casing. 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
5401	1	PUMP CHARGE	495	1095 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	698	Casing Footage	N/C	
5407	Minimum	Ton Miles	558	368 ⁰⁰
5502	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
		Sub Total		1729 ⁰⁰
		Less 30%		-518 ²⁰
				1210 ³⁰
95 1124	94 sks	50/50 Poz Mix Cement	1081 ⁰⁰	
1115B	258 #	Premium Gel	567 ⁶⁰	
1111	190 #	Granulated Salt	74 ¹⁰	
1110A	470 #	Kol Seal	216 ³⁰	
4402	1	2 1/2" Rubber Plug	29 ⁵⁰	
		Material	1457 ⁵⁶	
		Less 30%	-437 ²⁷	
		Total		1020 ²⁹
		7.65%	SALES TAX	78 ⁰⁵
			ESTIMATED TOTAL	2308 ⁶⁴

Completed

Revin 3737 AUTHORIZATION Bryan Miller TITLE _____ DATE (3298.06)

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.