



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258872
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: _____



1258872

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-19
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 4-27-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-3	Soil - Clay	3
8	Lime	11
16	Shale	27
6	Lime	33
4	Shale	37
13	Lime	50
70	Shale	120
21	Lime	141
12	Shale	153
10	Lime	163
24	Shale	187
1	Lime	188
6	Shale	194
4	Lime	198
40	Shale	238
10	Lime	248
16	Shale	264
25	Lime	289
9	Shale	298
16	Lime	314
4	Shale	318
3	Lime	321
4	Shale	325
9	Lime	334
16	Shale	350
5	Sand	355
15	Shale	370
7	Sand	377
20	Sandy Shale	397
138	Shale	535
3	Lime	538
3	Shale	541
7	Lime	548
19	Shale	567
4	Lime	571
8	Shale	579
5	Lime	584
9	Shale	593
5	Lime	598
72	Shale	670

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-19

Farm Barkis

KS Missi
(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
0-3	soil-clay	3	
8	Lime	11	
16	Shale	27	
6	sand	33	red bed
4	shale	37	no oil
13	Lime	50	
70	shale	120	
21	Lime	141	
12	shale	153	
10	Lime	163	
24	shale	187	
1	Lime	188	
6	shale	194	
4	Lime	198	
40	shale	238	
10	Lime	248	
16	shale	264	
25	Lime	289	
9	shale	298	
16	Lime	314	
4	shale	318	
3	Lime	321	
4	shale	325	
9	Lime	334	Heather
16	shale	350	
5	sand	355	odor
15	shale	370	



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# 804108

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

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

BARKIS A-19

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	761.000	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	92.000	11.5000	30.000	740.60
1118B	Premium Gel / Bentonite	255.000	0.2200	30.000	39.27
1111	Sodium Chloride (Granulated Salt)	186.000	0.3900	30.000	50.78
1110A	Kol Seal (50# BAG)	460.000	0.4600	30.000	148.12
4402	2 1/2 Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,156.74
 Discounted Amount 947.02
 SubTotal After Discount 2,209.72

Amount Due 3,265.96 If paid after 05/30/15

Tax: 76.45
 Total: 2,286.17



CONSOLIDATED
Oil Well Services, LLC

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

2764
2694
INVOICE # 804103
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50963
LOCATION OxNawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-15	3244	Barkis A-19	NW 17	16	22	M1
CUSTOMER Alta Vista Energy						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Maden		
			495	Harold		
			675	Ala Maden		
			548	Art McB		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 780 CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 761 DRILL PIPE Baffle in TUBING @ 729 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 32' + Plug
DISPLACEMENT 4.24 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.13 PM

REMARKS: Hold Safety meeting Establish pump rate. Mix & Pump 100# Gel
Flush. Mix & Pump @ 92 sks 50/50 Poz Mix Cement 2% Gel 5%
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	1055 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	761	Casing Footage	N/C	
5407	Minimum	Ten 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 ⁸⁰
1124	92 sks	50/50 Poz Mix Cement	1058 ⁰⁰	
1115B	255#	Premium Gel	56 ¹⁰	
1111	186#	Granulated Salt	72 ⁵⁴	
1110A	460#	Kal Seal	211 ⁶⁰	
4402	1	2 1/2" Rubber Plug	29 ⁵⁰	
		Material	1427 ²⁴	
		Less 30%		-428 ³³ 999 ⁴²
			7.65%	SALES TAX 76 ⁴⁵
				ESTIMATED TOTAL 2285 ⁸⁷

AUTHORIZATION Benjar Mills TITLE _____ DATE 3/26/15

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.