



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258903
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: _____



1258903

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 A-40
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 5-11-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 3	Soil	3
9	Shale	12
2	Lime	14
7	Sand	21
5	Lime	26
38	Shale	64
4	Lime	68
26	Shale	94
30	Lime	124
15	Shale	139
11	Lime	150
30	Shale	180
4	Lime	184
40	Shale	224
13	Lime	237
13	Shale	250
24	Lime	274
8	Shale	282
20	Lime	302
4	Shale	306
3	Lime	309
3	Shale	312
12	Lime	324
32	Shale	356
20	Sand	376
12	Sandy Shale	388
133	Shale	521
4	Lime	525
2	Shale	527
6	Lime	533
7	Shale	540
7	Lime	547
19	Shale	566
4	Lime	570
8	Shale	578
4	Lime	582
8	Shale	590
7	Lime	597
70	Shale	667
1	Lime	668

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-410

Farm Barkers

KS Miami
(State) (County)

17 16 24
(Section) (Township) (Range)

For Altavista
(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	3	
9	Shale	12	
2	Lime	14	
7	Sand	21	Water
5	Lime	26	
38	Shale	64	
4	Lime	68	
26	Shale	94	
30	Lime	124	
15	Shale	139	
11	Lime	150	
30	Shale	180	red bed
4	Lime	184	
40	Shale	224	
13	Lime	237	
13	Shale	250	
24	Lime	274	
8	Shale	282	
20	Lime	302	
4	Shale	306	
3	Lime	309	
3	Shale	312	
12	Lime	324	Hertha
32	Shale	356	
20	sand	376	no Oil
12	sandy shale	388	
133	Shale	521	

521

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	525	
2	Shale	527	
6	Lime	533	
7	Shale	540	
7	Lime	547	
19	Shale	566	
4	Lime	570	
8	Shale	578	
4	Lime	582	
8	Shale	590	
7	Lime	597	
70	Shale	667	
1	Shale	668	odor
20	core	688	page 60
7	sandy shale	695	
45	Shale	740	TD

Thickness of Strata	Formation	Total Depth	Remarks
	core		
		668	
1	shale	669	no oil
1	sand	670	broken Oil
2	sandy shale	672	no oil
10	sand	682	mostly solid - good show - perf
6	sandy shale	688	



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# 804280

Invoice Date: 05/26/15 Terms: Net 30 Page 1

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

-BARKIS #A-40

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'	733.000	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)	98.000	11.5000	30.000	788.90
CC5965	Bentonite	365.000	0.2200	30.000	56.21
CC5326	Sodium Chloride, Salt	206.000	0.3900	30.000	56.24
CC6077	Kolseal	490.000	0.4600	30.000	157.78
CP8176	2 7/8" Top Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,321.54
 Discounted Amount 996.46
 SubTotal After Discount 2,325.08

Amount Due 3,439.54 If paid after 06/25/15

Tax: 82.61
 Total: 2,407.69



CONSOLIDATED
Oil Well Services, LLC

Invoice #804280

2920
2847

TICKET NUMBER 50959
LOCATION Ottawa, KS
FOREMAN Cory Kennedy

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
5/12/15	3244	Barkis # A-40	NE 17	16	24	MI
CUSTOMER Attavis Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			728 ✓ Casken ✓ Saldy, Meehling			
CITY STATE ZIP CODE			467 ✓ Keicar ✓			
Wellsville KS 66092			558 ✓ Ad McD ✓			
			675 ✓ Har Bee ✓			

JOB TYPE long term HOLE SIZE 5 1/2" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 733' DRILL PIPE _____ TUBING bottle - 702' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 4.06 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # gel, followed by 10 bbls fresh water, mixed & pumped 59.50 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing bottle w/ 4.06 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 CE0450	1	PUMP CHARGE	1085.00	
5406 CE00030	30 mi	MILEAGE	126.00	
5402 CE0461	733'	casing footage		
5407 CE0711	minimum	ton mileage	368.00	
5502 CE0853	2 hrs	80 Vac	206.00	
		trucks	1779.00	
		-30%	533.70	
		Subtotal		1245.30
1124 CC5840	98 sks	59.50 Pozmix cement	1127.00	
1118B CC5965	365 #	Gel	80.30	
1111 CC5326	206 #	Salt	80.34	
1110A CC6077	190 #	Kalseal	225.46	
4402 CP 8176	1	2 1/2" rubber plug	29.50	
		materials	1542.54	
		-30%	462.76	
		Subtotal		1079.78
		7.65%		82.60
		SALES TAX		82.60
		ESTIMATED TOTAL		2407.68
				(3439.54)

AUTHORIZATION Bryan Miller TITLE _____ DATE _____

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.