



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260933
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: _____



1260933

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: Stahl A-20
Lease Owner: Altavista Energy

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

Commenced Spudding:
6-13-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 8	Soil - Clay	8
5	Lime	13
3	Shale	16
41	Lime	57
25	Shale	82
16	Lime	98
19	Shale	117
4	Lime	121
40	Shale	161
11	Lime	172
15	Shale	187
10	Lime	197
3	Shale	200
12	Lime	212
8	Shale	220
21	Lime	241
3	Shale	244
3	Lime	247
6	Shale	253
8	Lime	261
8	Shale	269
4	Lime	273
14	Shale	287
33	Sand	320
143	Shale	463
4	Lime	467
2	Shale	469
6	Lime	475
6	Shale	481
10	Lime	491
18	Shale	509
5	Lime	514
8	Shale	522
4	Lime	526
8	Shale	534
1	Lime	535
3	Shale	538
5	Lime	543
37	Shale	580
3	Lime	583

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-20

Farm Stahl

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

Stahl Farm: Miami County
KS State: Well No. A-20

Elevation 1004

Commenced Spuding 6-13 20

Finished Drilling 6-15 20¹⁵

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, 495 ft.

Distance from E line, 425 ft.

6 sacks dry hole
10 hrs plugged
6-3/4 borehole 6-15-15

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" ^{5/4} Set 20 _____ 8" Pulled _____
6 1/4" Set ~~20~~ _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil - clay	8	
5	Lime	13	
3	Shale	16	
41	Lime	57	
25	Shale	82	
16	Lime	98	
19	shale	117	red bed
4	Lime	121	
40	Shale	161	
11	Lime	172	
15	Shale	187	
10	Lime	197	
3	shale	200	
12	Lime	212	
8	shale	220	
21	Lime	241	
3	shale	244	
3	Lime	247	
6	shale	253	
8	Lime	261	Hestha
8	shale	269	
4	sand	273	odor - slight show
14	shale	287	
33	sand	320	gas odor
143	shale	463	
4	Lime	467	
2	Shale	469	

469

Thickness of Strata	Formation	Total Depth	Remarks
6	Lime	475	
6	Shale	481	
10	Lime	491	
18	Shale	509	
5	Lime	514	odor
8	Shale	522	
4	Lime	526	
8	Shale	534	
1	Lime	535	
3	Shale	538	
5	Lime	543	
37	Shale	580	
3	Lime	583	
21	Shale	604	
1	Lime	605	
8	Shale	613	
21	sandy shale	634	
12	sand	646	grey - no Oil
19	sand	665	water
61	Shale	726	
3	sand	729	grey - no Oil
3	shale	732	
5	sandy shale	737	
51	shale	788	
6	sand	794	gray - no Oil
48	Shale	842	
10	sand	852	grey - no Oil

852

Thickness of Strata	Formation	Total Depth	Remarks
8	sandy shale	860	TD - dry hole - plugged 6-15-15



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# 804657

Invoice Date: 06/28/15 Terms: Net 30 Page 1

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

STAHL #A-20

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	46.000	810.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	46.000	115.83
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	46.000	356.40
WE0853	80 BBL Vacuum Truck (Cement Services)	3.000	100.0000	46.000	162.00
CC5840	Poz-Blend I A (50:50)	107.000	13.5000	46.000	780.03
CC5965	Bentonite	539.000	0.3000	46.000	87.32

Subtotal 4,280.70
 Discounted Amount 1,969.12
 SubTotal After Discount 2,311.58
 Amount Due 4,403.57 If paid after 07/28/15

Tax: 66.35
 Total: 2,377.93



CONSOLIDATED
Oil Well Services, LLC

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

INVOICE # 804657 ³²⁴¹¹ _{3/16/15}
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 51003
LOCATION Chanute, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/15/15	3244	Stahl # A-26	SW17	16	24	M
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Coker / ✓ Solidy, Mackling			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Har Ber / ✓			
			503 / Ac Med / ✓			
			675 / Kei Det / ✓			

JOB TYPE plug HOLE SIZE 6 3/4" HOLE DEPTH 560' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation through drill steel at hole TD, mixed & pumped 45 sks 50/50 Portland cement w/ 6% gel per sk, pulled drilled steel to 200', mixed & pumped 45 sks cement to surface, pulled drill steel from hole, topped well off w/ 17 sks cement, washed up equipment & drill steel.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	1500.00	1500.00
CE0002	30 mi	MILEAGE	214.50	214.50
CE0711	min	ten mileage	1000.00	1000.00
WE0853	3 hrs	80 Vac	300.00	300.00
		trucks	2674.50	
		-46%	1230.27	
		subtotal		1444.23
1747 CC5840	107 sks	50/50 Portland	1444.50	1444.50
CC5965	539 #	Gel	161.70	161.70
		materials	1606.20	
		-46%	738.85	
		subtotal		867.35
		7.65%	SALES TAX	66.35
			ESTIMATED TOTAL	2377.93
			DATE	(4403.57)

Ravin 3737

AUTHORIZATION [Signature] 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