



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260956
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: _____



1260956

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Stahl A-9

(913) 837-8400

6-3-2015

Lease Owner: Altavista Energy

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 17	Soil - Clay	17
13	Shale	30
26	Lime	56
16	Shale	72
11	Lime	83
8	Shale	91
2	Lime	93
22	Shale	115
6	Lime	121
31	Shale	152
15	Lime	167
14	Shale	181
25	Lime	206
8	Shale	214
20	Lime	234
3	Shale	237
4	Lime	241
2	Shale	243
10	Lime	253
12	Shale	265
6	Sand	271
12	Shale	283
12	Lime	295
17	Sandy Shale	312
140	Shale	452
5	Lime	457
2	Shale	459
7	Lime	466
6	Shale	472
7	Lime	479
19	Shale	498
4	Lime	502
9	Shale	511
3	Lime	514
12	Shale	526
5	Lime	531
68	Shale	599
19	Core	618
7	Sandy Shale	625
55	Shale	680 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 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

WATTS = AMPS
TO FIGURE AMPS: VOLTS

746 WATTS equal 1 HP

Log Book

MEASUREMENTS

Feet	In.
710	
27	18

Well No. A-9

Farm Stahl

KS (State) Miami (County)

17 (Section) 16 (Township) 24 (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
0-17	soil-clay	17	
13	Shale	30	
26	Lime	56	
16	Shale	72	
11	Lime	83	
8	Shale	91	
2	Lime	93	
22	Shale	115	
6	Lime	121	
31	Shale	152	
15	Lime	167	
14	Shale	181	
25	Lime	206	
8	Shale	214	
20	Lime	234	
3	Shale	237	
4	Lime	241	
2	Shale	243	
10	Lime	253	Hertha
12	Shale	265	
6	Sand	271	broken - slight show
12	Shale	283	
12	Sand	295	gas odor
17	sandy shale	312	
140	Shale	452	
5	Lime	457	
2	Shale	459	

459

Thickness of Strata	Formation	Total Depth	Remarks
7	Lime	466	
6	Shale	472	
7	Lime	479	
19	Shale	498	
4	Lime	502	
9	Shale	511	
3	Lime	514	
12	Shale	526	
5	Lime	531	
68	Shale	599	
19	core	618	
7	sandy shale	625	Page 6
55	Shale	680	TD

Thickness of Strata	Formation	Total Depth	Remarks
	Core	599	
5	shale	604	
8	sand	612	broken - good show - perf
6	sandy shale	618	



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 # 804631

Invoice Date: 06/25/15 Terms: Net 30 Page 1

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

STAHL #A-9

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
CE0710	Cement Delivery Charge	1.000	660.0000	46.000	356.40
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	46.000	81.00
CC5840	Poz-Blend I A (50:50)	87.000	13.5000	46.000	634.23
CC5965	Bentonite	246.000	0.3000	46.000	39.85
CC5326	Sodium Chloride, Salt	161.000	0.7500	46.000	65.21
CC6077	Kolseal	435.000	0.5000	46.000	117.45
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,156.05
 Discounted Amount 1,911.78
 SubTotal After Discount 2,244.27

Amount Due 4,280.86 If paid after 07/25/15

Tax: 67.40
 Total: 2,311.67



CONSOLIDATED
Oil Well Services, LLC

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

3197
11/13/88

TICKET NUMBER 51018
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 804631

DATE	CUSTOMER #	WELL-NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6.9.15	3244	Stahl # A-9	SE 17	16	22	MI

CUSTOMER		TRUCK #		DRIVER	
Altavista Energy		712	Fve Mader		
MAILING ADDRESS		495	Har Bec		
P.O. Box 128		369	Mik Haa		
CITY		558	Bru Biv		
Wellsville					
STATE	ZIP CODE				
KS	66092				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 680' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 667' DRILL PIPE Baffle in TUBING @ 635' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug
 DISPLACEMENT 3.73 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: No H safety meeting. Establish pump rate. Mix + Pump
100 # Gel Flush. Mix + Pump 87 sks Poz Blend IA Cement
2 7/8 gel 5% Salt 5# Celloflake/sk. Cement to Surface.
Flush pump + lines clean. Displace 2 7/8" Rubber Plug
to baffle in casing. Pressure to 800 PSI. Release
pressure to set float valve. Shut in casing.

TOS Drilling - Wes

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	30mi.	MILEAGE	495	21450.00
CE0710	Minimum	Ten Miles Delivery	558	660.00
WE0853	1 1/2 hr	80 BBL Vac Truck	369	1500.00
		Sub Total		2524.00
		Less 4.6%		-1161.27
				1363.23
CC5840	87sk	Poz Blend IA Cement	1174.50	1174.50
CC5965	246#	Bentonite Gel	73.00	73.00
CC5326	161#	Salt	120.75	120.75
CC6073	435#	Kal Seal	217.50	217.50
CP8176	1	2 7/8 Rubber Plug	45.00	45.00
		Sub Total		1631.50
		Less 4.6%		-750.57
				881.04
		7.65%	SALES TAX	67.40
			ESTIMATED	2311.67
			TOTAL	4280.80

Revin 3737 AUTHORIZATION Byron Miller TITLE _____ DATE 4280.80

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.