



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260958
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: _____



1260958

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
 Well: Stahl A-10
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 5-22-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 14	Soil & Clay	14
29	Shale	43
32	Lime	75
15	Shale	90
11	Lime	101
7	Shale	108
5	Lime	113
20	Shale	133
5	Lime	138
35	Shale	173
11	Lime	184
16	Shale	200
24	Lime	224
7	Shale	231
20	Lime	251
4	Shale	255
2	Lime	257
3	Shale	260
11	Lime	271
12	Shale	283
5	Lime	288
15	Shale	303
7	Sand	310
2	Limey Sand	312
18	Sandy Shale	330
138	Shale	468
4	Lime	472
2	Shale	474
7	Lime	481
5	Shale	486
7	Lime	493
19	Shale	512
4	Lime	516
9	Shale	525
3	Lime	528
12	Shale	540
6	Lime	546
69	Shale	615
19	Core	634
46	Shale	680 TD

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14xh$

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-10

Farm Stahl

KS Miami
(State) (County)

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

For Altavista Energy
(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-10

Elevation 1015

Commenced Spuding 5-22-20 15

Finished Drilling 6-3-20 15

Driller's Name Wesley Dallard

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 2145 ft.

Distance from E line 4455 ft.

4 sacks 5 7/8 batches
 1 core 2 7/8 casing
 11 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

~~7~~ 7" Set 22 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
666.40		Seat nipple			
644.45		Baffle			
672.10		Float		2	7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-14	soil - clay	14	
29	shale	43	
32	lime	75	
15	shale	90	
11	lime	101	
7	shale	108	
5	lime	113	
20	shale	133	
5	lime	138	redbed
35	shale	173	
11	lime	184	
16	shale	200	
24	lime	224	
7	shale	231	
20	lime	251	
4	shale	255	
2	lime	257	
3	shale	260	
11	lime	271	
12	shale	283	Hertha
5	sand	288	
15	shale	303	slight show
7	sand	310	odor
2	limey sand	312	no oil
18	sandy shale	330	
138	shale	468	
4	lime	472	

472

Thickness of Strata	Formation	Total Depth	Remarks
2	Shale	474	
7	Lime	481	
5	Shale	486	
7	Lime	493	
19	Shale	512	
4	Lime	516	
9	Shale	525	
3	Lime	528	
12	Shale	540	
6	Lime	546	
69	Shale	615	
19	Core	634	
46	Shale	680	page 6 TB

Thickness of Strata	Formation	Total Depth	Remarks
	core		
		615	
2	shale	617	laminated - good saturation
10	sand - perf	627	
7	shale	634	



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# 804443

Invoice Date: 06/05/15 Terms: Net 30 Page 1

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

STAHL # A-10

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)	2.000	100.0000	46.000	108.00
CC5840	Poz-Blend I A (50:50)	94.000	13.5000	46.000	685.26
CC5965	Bentonite	358.000	0.3000	46.000	58.00
CC5326	Sodium Chloride, Salt	197.000	0.7500	46.000	79.79
CC6077	Kolseal	470.000	0.5000	46.000	126.90
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,378.65
 Discounted Amount 2,014.18
 SubTotal After Discount 2,364.47

Amount Due 4,516.67 If paid after 07/05/15

Tax: 74.53
 Total: 2,439.01



CONSOLIDATED
Oil Well Services, LLC

7031
2957

Invoice # 804443

TICKET NUMBER 50971
LOCATION Ottawa, KS
FOREMAN Casey 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
6/3/15	3244	Stahl # A-10	SW 17	16	24	MI
CUSTOMER Atkins Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Cas Ken ✓ Safety Meeting			
CITY Wellsville			464 / Kei Car ✓			
STATE KS			558 / Mik Haa ✓			
ZIP CODE 66092			675 / Kei Det ✓			

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 1075' DRILL PIPE _____ TUBING baffle - 644' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 3.73 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Gel followed by 5 bbls fresh water, mixed + pumped 94 sks 59/50 Pozblend w/ 2% gel, 5% salt, + 5 # Kolsed per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to ~~extension~~ baffle w/ 3.73 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	ton mileage	600.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-46%	1184.27	
		Subtotal		1390.23
CC5840	94 sks	59/50 Pozblend	1269.00	
CC5965	358 #	Gel	107.40	
CC5326	197 #	Salt	147.75	
CC6077	476 #	Kolsed	235.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1804.15	
		-46%	829.91	
		Subtotal		974.24
				2364.48
		7.105%	SALES TAX	74.53
			ESTIMATED TOTAL	2385.00

AUTHORIZATION Benjamin Mills TITLE _____ DATE 4/4/16.67

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.

425

2439.02