



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260979
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: _____



1260979

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Stahl A-13
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 6-9-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 12	Soil - Clay	12
36	Shale	48
29	Lime	77
15	Shale	92
11	Lime	103
8	Shale	111
4	Lime	115
20	Shale	135
5	Lime	140
36	Shale	176
11	Lime	187
15	Shale	202
25	Lime	227
7	Shale	234
20	Lime	254
4	Shale	258
2	Lime	260
2	Shale	262
11	Lime	273
12	Shale	285
5	Sand	290
17	Shale	307
10	Sand	317
35	Sandy Shale	352
118	Shale	470
4	Lime	474
2	Shale	476
7	Lime	483
5	Shale	488
9	Lime	497
18	Shale	515
4	Lime	519
8	Shale	527
6	Lime	533
9	Shale	542
6	Lime	548
70	Shale	618
20	Core	638
10	Sandy Shale	648
52	Shale	700 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

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. A-13

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-13

Elevation 1015
 Commenced Spuding 6-9 20'5"

Finished Drilling 6-10 20'5"

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Cole Holcom

Tool Dresser's Name

Contractor's Name TOS

17 16 24

(Section) (Township) (Range)
 Distance from S line, 2475 ft.

Distance from E line, 4455 ft.

4 sacks 5 7/8 borehole
 1 core 2 7/8 casing
 9 hrs

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
617.	68	seat nipple			
649.	30	Baffle			
681.	07	Float			
700 TD		27/8			

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/2" Set 23 _____ 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-12	soil-clay	12	
36	shale	48	
29	lime	77	
15	shale	92	
11	lime	103	
8	shale	111	
4	lime	115	
20	shale	135	
5	lime	140	
36	shale	176	
11	lime	187	
15	shale	202	
25	lime	227	
7	shale	234	
20	lime	254	
4	shale	258	
2	lime	260	
2	shale	262	
11	lime	273	
12	shale	285	Here the
5	sand	290	broken-heavy oil
17	shale	307	
10	sand	317	gas odor
35	sandy shale	352	
118	shale	470	
4	lime	474	
2	shale	476	

476

Thickness of Strata	Formation	Total Depth	Remarks
7	Lime	483	
5	Shale	488	
9	Lime	497	
18	Shale	515	
4	Lime	519	
8	Shale	527	
6	Lime	533	
9	Shale	542	
6	Lime	548	
70	Shale	618	
20	Core	638	
10	sandy shale	648	
52	Shale	700	TD



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# 804632

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

TAHL #A-13

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)	89.000	13.5000	46.000	648.81
CC5965	Bentonite	350.000	0.2200	46.000	41.58
CC5326	Sodium Chloride, Salt	187.000	0.7500	46.000	75.74
CC6077	Kolseal	445.000	0.5000	46.000	120.15
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,260.75
 Discounted Amount 1,959.95
 SubTotal After Discount 2,300.80

Amount Due 4,389.75 If paid after 07/25/15

Tax: 69.66
 Total: 2,370.47



CONSOLIDATED
Oil Well Services, LLC

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

3199 / 3139

TICKET NUMBER 50978
LOCATION Chanute, KS
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 804632

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/10/15	3244	Stahl # A-13	SW 17	16	24	MI
CUSTOMER Atavista Energy			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 700' CASING SIZE & WEIGHT 2 3/8" EUE
 CASING DEPTH 681' DRILL PIPE _____ TUBING battle - 649' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 32'
 DISPLACEMENT 3.76 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 89 stb 50/50 Portland cement w/ 2% gel, 5% salt, + 5 # Kalsol per stb, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 3.76 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
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	mi	ten mileage	160.00	
WEC853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-46%	1184.27	
		subtotal		1390.23
4119 CC5840	89 stb	50/50 Portland cement	1201.50	
CC5965	350 #	Gel	77.00	
CC5326	187 #	Salt	140.25	
CC6077	445 #	Kalsol	268.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	11686.25	
		-46%	775.68	
		subtotal		910.57
		7.165%		
		SALES TAX ESTIMATED TOTAL		69.66
		TOTAL		2370.46

Ravin 3737

AUTHORIZATION Bryan Mills TITLE _____ DATE (4389.75)

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.