



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1260984  
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: \_\_\_\_\_



1260984

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Miami County, KS  
Well: Stahl A-14  
Lease Owner: Altavista Energy

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

Commenced Spudding:  
6-18-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 11	Soil - Clay	11
34	Shale	45
25	Lime	70
15	Shale	85
10	Lime	95
10	Shale	105
3	Lime	108
21	Shale	129
5	Lime	134
35	Shale	169
11	Lime	180
15	Shale	195
25	Lime	220
7	Shale	227
20	Lime	247
4	Shale	251
2	Lime	253
2	Shale	255
11	Lime	266
11	Shale	277
3	Sand	280
17	Shale	297
12	Sand	309
11	Sand	320
148	Shale	468
4	Lime	472
3	Shale	475
6	Lime	481
6	Shale	487
7	Lime	494
19	Shale	513
4	Lime	517
9	Shale	526
6	Lime	532
9	Shale	541
5	Lime	546
69	Shale	615
9	Core	624
2	Sand	626
1	Broken Sand	627





# Short Cuts

## TANK CAPACITY

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

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals  $BPH \times PSI \times .0004$

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-14

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



Thickness of Strata	Formation	Total Depth	Remarks
0-11	soil-clay	11	
34	shale	45	
25	lime	70	
15	shale	85	
10	lime	95	
10	shale	105	
3	lime	108	
21	shale	129	
5	lime	134	
35	shale	169	
11	lime	180	
15	shale	195	
25	lime	220	
7	shale	227	
20	lime	247	
4	shale	251	
2	lime	253	
2	shale	255	
11	lime	266	
11	shale	277	Hertha
3	sand	280	slight show
17	shale	297	
12	sand	309	slight show
11	sand	320	no oil
148	shale	468	
4	lime	472	
3	shale	475	











**CONSOLIDATED**  
Oil Well Services, LLC

Invoice # **84671**

*3262*  
*3184*

TICKET NUMBER 51047  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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
6-19-15	3244	Stahl # A-14	SE 17	16	22	M1
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>712 Fred Mader</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			<u>495 Har Bee</u>			
			<u>675 Kai Det</u>			
			<u>558 Bru Bir</u>			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 700' CASING SIZE & WEIGHT 2 1/8 EUE  
CASING DEPTH 681' DRILL PIPE Baffle in Tubing @ 650 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 31' + Plug  
DISPLACEMENT 3.8 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 43 BBL/min

REMARKS: Hold Safety meeting. Establish pump rate. Mix Pump  
100# Gel Flush Mix Pump sks For Blend IA 2% Gel  
5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump  
lines clean. Displace 2 1/2" Rubber plug to baffle in casing.  
Pressure to 800# PSI. Release pressure to set float  
Value. Shut in casing.

TOS Drilling - Wesley

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>495</u>	<u>1500.00</u>
<u>CE0002</u>	<u>30mi</u>	<u>MILEAGE</u>	<u>495</u>	<u>21450.00</u>
<u>CE0711</u>	<u>Minimum</u>	<u>Ten Miles Delivery</u>	<u>558</u>	<u>660.00</u>
<u>WE0853</u>	<u>1 1/2 hr</u>	<u>80 BBL Vac Truck</u>	<u>675</u>	<u>1500.00</u>
		<u>Sub Total</u>		<u>25245.00</u>
		<u>Less 46%</u>		<u>11612.70</u>
				<u>13632.30</u>
<u>CC5840</u>	<u>84sk</u>	<u>Poz Blend IA Cement</u>	<u>1134.00</u>	
<u>CC5965</u>	<u>241#</u>	<u>Bentonite Gel</u>	<u>7230</u>	
<u>CC6077</u>	<u>420#</u>	<u>Kolseal</u>	<u>210.00</u>	
<u>CC5326</u>	<u>155#</u>	<u>Sodium Chloride</u>	<u>116.35</u>	
<u>CP8174</u>	<u>1</u>	<u>2 1/8" Rubber Plug</u>	<u>45.00</u>	
		<u>Sub Total</u>		<u>15775.35</u>
		<u>Less 46%</u>		<u>-725.97</u>
				<u>851.38</u>
			<u>7.65%</u>	<u>SALES TAX</u>
				<u>65.17</u>
				<u>ESTIMATED</u>
				<u>TOTAL</u>
				<u>2280.28</u>

Revin 3737

AUTHORIZATION Byron Miller TITLE \_\_\_\_\_ DATE 4222.73

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.