



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261053
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: _____



1261053

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 AI-13
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 6-19-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 14	Soil - Clay	14
34	Shale	48
24	Lime	72
14	Shale	86
11	Lime	97
9	Shale	106
3	Lime	109
21	Shale	130
5	Lime	135
35	Shale	170
11	Lime	181
15	Shale	196
25	Lime	221
7	Shale	228
20	Lime	248
3	Shale	251
3	Lime	254
2	Shale	256
12	Lime	268
11	Shale	279
4	Sand	283
16	Shale	299
8	Sand	307
43	Sandy Shale	350
119	Shale	469
4	Lime	473
2	Shale	475
5	Lime	480
8	Shale	488
8	Lime	496
18	Shale	514
4	Lime	518
9	Shale	527
3	Lime	530
12	Shale	542
5	Lime	547
75	Shale	622
1	Sand	623
3	Sand	626
1	Sand	627

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 - $\text{RPM} \times d$ over $\text{SPM} \times R$

d - $\text{SPM} \times R \times D$ over RPM

SPM - $\text{RPM} \times D$ over $R \times d$

R - $\text{RPM} \times D$ over $\text{SPM} \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. AI-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

Thickness of Strata	Formation	Total Depth	Remarks
0-14	soil-clay	14	
34	shale	48	
24	lime	72	
14	shale	86	
11	lime	97	
9	shale	106	
3	lime	109	
21	shale	130	
5	lime	135	
35	shale	170	
11	lime	181	
15	shale	196	
25	lime	221	
7	shale	228	
20	lime	248	
3	shale	251	
3	lime	254	
2	shale	256	
12	lime	268	Hertha
11	shale	279	
4	sand	283	slight show
16	shale	299	
8	sand	307	solid-good show
43	sandy shale	350	
119	shale	469	
4	lime	473	
2	shale	475	

475

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	480	
8	Shale	488	
8	Lime	496	
18	shale	514	
4	Lime	518	
9	shale	527	
3	Lime	530	
12	Shale	542	
5	Lime	547	
75	Shale	622	
1	sandy	623	Solid - good saturation broken - 25% oil solid - good saturation broken - very little oil broken - 50% oil D S 4
3	Sand	626	
1	Sand	627	
2	Sand	629	
2	sand	631	
29	sandy shale	660	
60	shale	720	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# 804682

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 # AI-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)	88.000	13.5000	46.000	641.52
CC5965	Bentonite	248.000	0.3000	46.000	40.18
CC5326	Sodium Chloride, Salt	185.000	0.7500	46.000	74.93
CC6077	Kolseal	440.000	0.5000	46.000	118.80
CC6128	Mud Flush - C	0.500	50.0000	46.000	13.50
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,265.65
 Discounted Amount 1,962.20
 SubTotal After Discount 2,303.45

Amount Due 4,395.02 If paid after 07/28/15

Tax: 69.86
 Total: 2,373.32



CONSOLIDATED
Oil Well Services, LLC

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

3270
3195
Invoice # 804682

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 51033

LOCATION Chawaks

FOREMAN Cary Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6/22/15	3244	Stahl # AT-13	Sw 17	16	24	Mi			
CUSTOMER <u>Altavista Energy</u>									
MAILING ADDRESS <u>PO Box 128</u>									
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66602</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Cis Ken		✓		Safety Meeting	
		467		Kei Car		✓			
		558		Bru Bin		✓			
		675		Kei Dot		✓			

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 720' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 700' DRILL PIPE _____ TUBING baffle- 6608' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 3.87 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 1/2 gal mud flush, circulated for 1 hr to condition hole, mixed & pumped 100 # coal followed by 5 bbls fresh water, mixed & pumped 88 sks 50/50 Pozblend cement w/ 2% gel, 5% salt, & 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.87 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	24.50	
CE0711	min	ton mileage	1000.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-46%	1184.27	
		subtotal		1390.23
CC5840	88 sks	50/50 Pozblend	1188.00	
CC5965	248 #	Gel	74.40	
CC5326	185 #	Salt	138.75	
CC6077	440 #	Kalsol	220.00	
CC6128	1/2 gal	Mud Flush	25.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1691.15	
		-46%	777.93	
		subtotal		913.22
		7.65%		69.86
		SALES TAX ESTIMATED TOTAL		2373.31

AUTHORIZATION Danica Mills TITLE _____ DATE (4395.02)

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.