



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262309
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: _____



1262309

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: Snouffer A-11
 Lease Owner: Altavista Energy

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

Commenced Spudding:
 8-6-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 15	Soil - Clay	15
3	Lime	18
19	Shale	37
10	Sand	47
11	Sandy Shale	58
13	Lime	71
15	Shale	86
27	Lime	113
7	Shale	120
20	Lime	140
4	Shale	144
3	Lime	147
5	Shale	152
5	Lime	157
8	Shale	165
6	Sand	171
6	Sandy Shale	177
6	Shale	183
19	Sand	202
11	Shale	213
10	Sandy Shale	223
50	Shale	273
3	Sandy Shale	276
6	Sand	282
36	Shale	318
5	Limey Sand	323
5	Sand	328
3	Limey Sand	331
1	Sand	332
19	Core	351
2	Sandy Shale	353
7	Limey Sand	360
8	Shale	368
3	Lime	371
18	Shale	389
6	Lime	395
19	Shale	414
3	Lime	417
3	Shale	420 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 $BPH \times PSI \times .0004$

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-11

Farm Snouffer

KS Miami
(State) (County)

29 16 24
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

**Town Oilfield
Services, Inc.**
1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Snowflifer Farm: Miami County

RS State; Well No. A-11

Elevation 936

Commenced Spuding 8-6 20 15

Finished Drilling 8-10 20 15

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Kyan Ward

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

29 16 24

(Section) (Township) (Range)

Distance from S line, 825 ft.

Distance from E line, 515 ft.

3 sacks
1 coil
5 ⁵/₈ borehole
2 ⁷/₈ casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 ¹/₂" Set 20 6 ¹/₂" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
341		50 ft nipple			
373.65		Baffle			
406.40		Flact			
420		TD			2 ⁷ / ₈

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil-clay	15	
3	Lime	18	
19	shale	37	
10	sand	47	
11	sandy shale	58	broken - good bleed
13	Lime	71	
15	shale	86	
27	Lime	113	
7	shale	120	
20	Lime	140	
4	shale	144	
3	Lime	147	
5	shale	152	
5	Lime	157	
8	shale	165	Heather
6	sand	171	
6	sandy shale	177	broken oil
6	shale	183	
19	sand	202	
11	shale	213	gas odor - water
10	sandy shale	223	
50	shale	273	
3	sandy shale	276	
6	sand	282	
36	shale	318	mostly solid - good show
5	limy sand	323	
5	sand	328	no oil

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		332	
12.5	sand	344.5	no oil
4	sand	348.5	mostly solid - poor saturation
2.5	sandy shale	351	no oil

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Thickness of Strata	Formation	Total Depth	Remarks
3	limey sand	331	
1	sand	332	
19	clay	351	odor
2	sandy shale	353	page 6
7	limey sand	360	
8	shale	368	broken oil
3	lime	371	
18	shale	389	
6	lime	395	
19	shale	414	
3	lime	417	
3	shale	420	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# 805332

Invoice Date: 08/11/15 Terms: Net 30 Page 1

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

snouffer # a-11

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)	73.000	13.5000	46.000	532.17
CC5965	Bentonite	223.000	0.3000	46.000	36.13
CC5326	Sodium Chloride, Salt	153.000	0.7500	46.000	61.97
CC6077	Kolseal	365.000	0.5000	46.000	98.55
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 3,969.15
 Discounted Amount 1,825.81
 SubTotal After Discount 2,143.34

Amount Due 4,080.72 If paid after 09/10/15

Tax: 60.25
 Total: 2,203.60



CONSOLIDATED
Oil Well Services, LLC

2858
3716

TICKET NUMBER 49754
LOCATION Oklahoma, KS
FOREMAN Casa, Kennedy

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 805332

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/10/15	3244	Snowflaker # A-11	SW25	16	23	MI
CUSTOMER Atlasta Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Casken ✓ Safety Meeting			
CITY Wellsville			467 / Keigar ✓			
STATE KS			503 / Trotter ✓			
ZIP CODE 66092			369 / Luk Hard ✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 406 DRILL PIPE _____ TUBING baffle - 373 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33'
DISPLACEMENT 216 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 73 sks 50/50 Pozblend cement w/ 2% gel, 5% salt, + 5 # Kolsal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 2.16 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	min	ten mileage	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-46%	1184.27	
		subtotal		1390.23
CC5810	73 sks	50/50 Pozblend	985.50	
CC5965	223 #	Gel	66.90	
CC5320	153 #	Salt	114.75	
CC6077	365 #	Kolsal	182.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1394.65	
		-46%	1041.54	
		subtotal		753.11
		8%		60.25
		SALES TAX		60.25
		ESTIMATED TOTAL		2203.50
				(4080.72)

Havin 3737

AUTHORIZATION Bryan Miller TITLE _____ DATE _____

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.