

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262567
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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: _____



1262567

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 (Attach Additional Sheets)	<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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
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Miami County, KS
Well: Rebel A-1
Lease Owner: Altavista Energy

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

Commenced Spudding:
7-6-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 6	Soil - Clay	6
23	Lime	29
3	Shale	32
15	Lime	47
25	Shale	72
18	Lime	90
17	Shale	107
4	Lime	111
38	Shale	149
13	Lime	162
14	Shale	176
11	Lime	187
4	Shale	191
11	Lime	202
8	Shale	210
19	Lime	229
4	Shale	233
2	Lime	235
1	Shale	236
13	Lime	249
4	Shale	253
1	Limey Sand	254
8	Sand	262
2	Sand	264
12	Shale	276
5	Sandy Shale	281
5	Shale	286
6	Sandy Shale	292
77	Shale	369
6	Sandy Shale	375
34	Shale	409
1	Lime	410
19	Shale	429
1	Lime	430
19	Shale	449
6	Lime	455
3	Shale	458
2	Lime	460
10	Shale	470
8	Lime	478

Miami County, KS
Well: Rebel A-1
Lease Owner: Alta

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

Commenced Spudding:
7-6-2015

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 $\times 34.2$

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-1

Farm Rebel

KS

(State)

Miami

(County)

30

(Section)

16

(Township)

24

(Range)

For Altavista Energy
(Well Owner)

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

Rebel Farm: Miami County
KS A-1

Elevation 1031

Commenced Spuding 7-6 2015

Finished Drilling 7-13 2015

Driller's Name Wesley Dillard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Kyan Wren

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

(Section) (Township) (Range)

Distance from 3 line, 2475 ft.

Distance from 5730

6 sacks
plugged - dry hole

6 3/4 borehole

6^{3/4} borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" ^{5/8} Set 20 8" Pulled

6½" Set _____ 6¼" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil-clay	6	
23	Lime	29	
3	Shale	32	
15	Lime	47	
25	Shale	72	
16	Lime	90	
17	Shale	107	
4	Lime	111	
38	Shale	149	
13	Lime	162	
14	Shale	176	
11	Lime	187	
4	Shale	191	
11	Lime	202	
8	Shale	210	
19	Lime	229	
4	Shale	233	
2	Lime	235	
1	Shale	236	
13	Lime	249	
4	Shale	253	Hertha
1	limy sand	254	
8	sand	262	
2	sand	264	gas
12	Shale	276	grey
5	sandy shale	281	
5	shale	286	

Thickness of Strata	Formation	Total Depth	Remarks
6	sandy shale	292	
77	Shale	369	
6	sandy shale	375	
34	Shale	409	
1	Lime	410	
19	Shale	429	
1	Lime	430	
19	Shale	449	
6	Lime	455	
3	Shale	458	
2	Lime	460	
10	Shale	470	
8	Lime	478	odor?
3	Shale	481	
4	sand	485	
11	Shale	496	odor
5	Lime	501	
7	Shale	508	
4	Lime	512	
7	Shale	519	
1	Lime	520	
4	Shale	524	
7	Lime	531	
12	Shale	543	
4	Lime	547	
8	Shale	555	
1	Lime	556	

556



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# 804979

Invoice Date: 07/20/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC

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

REBEL # A-1

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)	90.000	13.5000	46.000	656.10
CC5965	Bentonite	454.000	0.3000	46.000	73.55
				Subtotal	3,925.70
				Discounted Amount	1,805.82
				SubTotal After Discount	2,119.88

Amount Due 4,033.80 If paid after 08/19/15

Tax: 58.37

Total: 2,178.25



CONSOLIDATED Oil Well Services, LLC

Invoice # 804979

3519
9 3445

TICKET NUMBER 49709
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
7-13-15	3244	Rebel # A-1	NW 30	16	24	M1
CUSTOMER Altavista Energy.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P. O. Box 128			712	Fred Mad		
			368	Arl McD		
			675	Kui Dot		
			510	Tra Her		
CITY	STATE	ZIP CODE				
Wellsville	KS	66092				

JOB TYPE <u>Plug</u>	HOLE SIZE <u>5 1/2", 3"</u>	MOLE DEPTH <u>720'</u>	CASING SIZE & WEIGHT <u>N/A</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>Full</u>
DISPLACEMENT <u>N/A</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>1 - 1 1/2 BPM</u>

REMARKS: Hold Safety meeting. Rig run 1" tubing to TD. Spat 20' socks @ TD. Pull to 500'. Spat 20' socks. Cement. Pull 1" to 250'. Fill to surface w/ cement. Pull remaining 1" tubing. Top off well w/ cement. Wash out 1" tubing.

Total 90 SGS Por Blend T.A. Cement 6% Cel.

TOS Drilling

Fred Mader

Rev1n 3737

AUTHORIZATION

Bonjan Miller

TITLE

DATE

2000-01-02

5837
217825
4D 23 82

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.