



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1271757
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: _____



1271757

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Kuhn A-1
Lease Owner: Altavista Energy

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

Commenced Spudding:
7-17-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 5	Soil - Clay	5
7	Lime	12
7	Clay	19
2	Shale	21
17	Lime	38
5	Shale	43
43	Lime	86
40	Shale	126
14	Lime	140
11	Shale	151
5	Lime	156
41	Shale	197
10	Lime	207
16	Shale	223
25	Lime	248
7	Shale	255
20	Lime	275
4	Shale	279
2	Lime	281
7	Shale	288
5	Lime	293
11	Shale	304
4	Lime	308
95	Shale	403
4	Limey Sand	407
33	Shale	440
4	Limey Sand	444
28	Shale	472
3	Lime	475
19	Shale	494
5	Lime	499
2	Shale	501
5	Lime	506
6	Shale	512
9	Lime	521
18	Shale	539
4	Lime	543
9	Shale	552
4	Lime	556
12	Shale	568

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 1.4 \times h$

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-1

Farm Kuhn

KS Miami
(State) (County)

16 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

Kuhn Farm: Miami County
 KS State; Well No. A-1
 Elevation 1052
 Commenced Spuding 7-17 20 15
 Finished Drilling 7-27 20 15
 Driller's Name Wesley Dellarod
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
 16 16 24

(Section) (Township) (Range)
 Distance from S line, 825 ft.
 Distance from E line, 4785 ft.

5 sacks 2 7/8 casing
 6 3/4 borehole
 1 core
 12 hrs

CASING AND TUBING RECORD

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

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
659	10	Seat nipple			
691.85		Ball pipe			
721.40		Float		2 7/8	
740	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-5	Soil - clay	5	
7	Lime	12	
7	Clay	19	
2	Shale	21	
17	Lime	38	
5	Shale	43	
43	Lime	86	
40	Shale	126	
14	Lime	140	
11	Shale	151	
5	Lime	156	
41	Shale	197	
10	Lime	207	
16	Shale	223	
25	Lime	248	
7	Shale	255	
20	Lime	275	
4	Shale	279	
2	Lime	281	
7	Shale	288	
5	Lime	293	
11	Shale	304	Hertha
4	Sand	308	Broken Oil
95	Shale	403	
4	Limey sand	407	
33	Shale	440	
4	Limey sand	444	

444

Thickness of Strata	Formation	Total Depth	Remarks
28	Shale	472	
3	Lime	475	
19	Shale	494	sandy
5	Lime	499	
2	Shale	501	
5	Lime	506	
6	Shale	512	
9	Lime	521	
18	Shale	539	
4	Lime	543	
9	Shale	552	
4	Lime	556	
12	Shale	568	
5	Lime	573	
81	Shale	654	
5	Sand	659	
19	Coal	678	gas
2	Sand	680	page 6
7	Shale	687	no Oil
1	Lime	688	
52	Shale	740	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# 805175

Invoice Date: 07/31/15 Terms: Net 30 Page 1

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

KUHN # 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)	131.000	13.5000	46.000	954.99
CC5965	Bentonite	420.000	0.3000	46.000	68.04
CC5326	Sodium Chloride, Salt	275.000	0.7500	46.000	111.38
CC6077	Kolseal	655.000	0.5000	46.000	176.85
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 5,047.75
 Discounted Amount 2,321.97
 SubTotal After Discount 2,725.78

Amount Due 5,245.61 If paid after 08/30/15

Tax: 106.84
 Total: 2,832.63



CONSOLIDATED
Oil Well Services, LLC

3726
3652

TICKET NUMBER 49740
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 80575

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/27/15	3244	Kuhn # A-1	S16	16	24	MI
CUSTOMER Alavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Casken / Safety Meeting			
CITY Wellsville			467 / KeiCar /			
STATE KS			548 / HarBec /			
ZIP CODE 66092			675 / KeiDet /			

JOB TYPE longstring HOLE SIZE 10 3/4" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 721 DRILL PIPE _____ TUBING baffle - 692' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 29'
DISPLACEMENT 4.01 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 131 sks 50/50 Pozblend cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.01 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

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	600.00	
WE0853	2 hrs	80 vac	200.00	
		trucks	2574.50	
		-46%	1184.27	
		Subtotal		1390.23
CC5840	131 sks	50/50 Pozblend	1768.50	
CC5965	420 #	Gel	126.00	
CC5326	275 #	Salt	206.25	
CC6077	655 #	Kalseal	327.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2473.25	
		-46%	1137.70	
		Subtotal		1335.55
		8%		
		SALES TAX		106.84
		ESTIMATED TOTAL		2832.62

Ravin 3737

AUTHORIZATION Bryan Mills TITLE _____ DATE 5/24/15

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 to