



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272940
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: _____



1272940

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: Morrow A-9
Lease Owner: Altavista Energy

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

Commenced Spudding:
7-27-2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0 - 4	Soil - Clay	4
8	Lime	12
7	Shale	19
41	Lime	60
38	Shale	98
14	Lime	112
12	Shale	124
4	Lime	128
41	Shale	169
10	Lime	179
16	Shale	195
25	Lime	220
7	Shale	227
21	Lime	248
4	Shale	252
2	Lime	254
6	Shale	260
5	Lime	265
9	Shale	274
3	Lime	277
15	Shale	292
3	Sand	295
17	Sand	312
3	Sand	315
62	Sand	377
9	Shale	386
32	Shale	418
5	Limey Sand	423
26	Shale	449
2	Limey Sand	451
17	Shale	468
5	Lime	473
2	Shale	475
6	Lime	481
6	Shale	487
9	Lime	496
17	Shale	513
4	Lime	517
11	Shale	528
5	Lime	533

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 - $RPM \times d$ 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-9

Farm Morrow

KS Miami
(State) (County)

17 16 24
(Section) (Township) (Range)

For Altamira 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
0-4	Soil-clay	4	
8	Lime	12	
7	Shale	19	
41	Lime	60	
38	Shale	98	
14	Lime	112	
12	Shale	124	
4	Lime	128	
41	Shale	169	
10	Lime	179	
16	Shale	195	
25	Lime	220	
7	Shale	227	
21	Lime	248	
4	Shale	252	
2	Lime	254	
6	Shale	260	
5	Lime	265	Hertha
9	Shale	274	
3	Sand	277	broken Oil
15	Shale	292	
3	Sand	295	
17	Sand	312	grey
3	Sand	315	gas
62	Shale	377	oil show
9	Sand	386	
32	Shale	418	grey

418

Thickness of Strata	Formation	Total Depth	Remarks
5	limy sand	423	
26	Shale	449	
2	limy sand	451	oil show
17	Shale	468	
5	Lime	473	
2	Shale	475	
6	Lime	481	
6	Shale	487	
9	Lime	496	
17	Shale	513	
4	Lime	517	
11	Shale	528	
5	Lime	533	
7	Shale	540	
8	Lime	548	
7	Shale	555	
1	Lime	556	
6	Shale	562	
3	Lime	565	
15	Shale	580	
2	Lime	582	
43	Shale	625	
5	sand	630	gas
19	core	649	page 6
91	Shale	740	



CONSOLIDATED
Oil Well Services, LLC

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

3729
3/15

TICKET NUMBER 49751
LOCATION Atauva, KS
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 85165

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/28/15	3244	Morrow # A-9	SE 17	16	24	MI
CUSTOMER <u>Atauva Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			729 <u>Casey</u> ✓ <u>Safety Meeting</u>			
CITY <u>Wellsville</u>			467 <u>KeiCar</u> ✓			
STATE <u>KS</u>			503 <u>HarBee</u> ✓			
ZIP CODE <u>66092</u>			1075 <u>KeiDet</u> ✓			

JOB TYPE longstring HOLE SIZE 6 3/4" HOLE DEPTH 740' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 714' DRILL PIPE _____ TUBING baffle - 1080' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 34'
 DISPLACEMENT 10.85 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# coal followed by 5 bbls fresh water, mixed & pumped 4 bbls dye marker, mixed & pumped 100 sks 50/50 Portblend cement w/ 2% gel, 5% salt, & 5# Kalscal per sk, dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to baffle w/ 10.85 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing, cement to surface.

[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	ton mileage	600.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		= 46%	1184.27	
		subtotal		1390.23
CC5840	100 sks	50/50 Portblend	1350.00	
CC5965	3 lbs #	Gel	110.40	
CC5326	210 #	Salt	157.50	
CC6077	500 #	Kalscal	250.00	
CP8178	1	4 1/2" rubber plug	75.00	
		materials	1942.90	
		= 46%	893.73	
		subtotal		1049.17
		8%		83.94
		SALES TAX		83.94
		ESTIMATED TOTAL		2523.34

Revin 3737

AUTHORIZATION Bryan Mally TITLE _____ DATE (4/22/15)

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 form.