



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1312219
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: _____

1312219

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
--	---

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> _____
---	--

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: Duane Beets A-10
 Lease Owner: Altavista

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

Commenced Spudding:
 2/22/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	Soil-Clay	5
19	Lime	24
12	Sand	36
81	Shale	117
20	Lime	137
9	Shale	146
2	Lime	148
5	Shale	153
10	Lime	163
42	Shale	205
15	Lime	220
10	Shale	230
28	Lime	258
8	Shale	266
22	Lime	288
5	Shale	293
3	Lime	296
2	Shale	298
6	Lime	304
143	Shale	447
8	Sand	455
12	Shale	467
15	Lime	482
3	Shale	485
8	Sand	493
34	Shale	527
7	Lime	534
10	Shale	544
3	Lime	547
18	Shale	565
5	Lime	570
22	Shale	592
3	Lime	595
3	Shale	598
7	Lime	605
5	Shale	610
1	Sand	611
3	Sand	614
5	Sand	619
1	Sand	620

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-10

Farm Duane Beets

KS
(State)

Miami
(County)

12
(Section)

R8
(Township)

21
(Range)

For Allvest Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

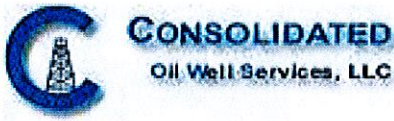
913-710-5400

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2	Lime	148	
5	shale	153	
10	Lime	163	
42	shale	205	
15	Lime	220	
10	shale	230	
28	Lime	258	
8	shale	266	
22	Lime	288	
5	shale	293	
3	Lime	296	
2	shale	298	
6	Lime	304	Mertha
143	shale	447	
8	sand	455	broken oil
12	shale	467	
15	Lime	482	
3	shale	485	
8	sand	493	water
34	shale	527	
7	Lime	534	

534

Thickness of Strata	Formation	Total Depth	Remarks
10	Shale	544	
3	Lime	547	
16	Shale	565	
5	Lime	570	
22	Shale	592	
3	Lime	595	
3	Shale	598	
7	Lime	605	odor
5	Shale	610	
1	Sand	611	no Oil
3	sand	614	broken - good show
5	sand	619	mostly solid - good show
1	Sand	620	broken - good show
3	sand	623	laminations - not much oil
26	sandy shale	649	
31	Shale	680	TD

perf



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# 807119

Invoice Date: 02/26/16

Terms: Net 30

Page 1

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

DUANE BEETS #A-10

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	64.000	540.00
CE0002	Equipment Mileage Charge - Heavy Equipment	20.000	7.1500	64.000	51.48
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	64.000	237.60
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	64.000	36.00
CC5840	Poz-Blend I A (50:50)	94.000	13.5000	64.000	456.84
CC5965	Bentonite	258.000	0.3000	64.000	27.86
CC5326	Sodium Chloride, Salt	182.000	0.7500	64.000	49.14
CC6077	Kolseal	470.000	0.5000	64.000	84.60
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	64.000	16.20

Subtotal 4,165.90
 Discounted Amount 2,666.18
 SubTotal After Discount 1,499.72

Amount Due 4,306.93 If paid after 03/27/16

Tax: 50.77
 Total: 1,550.49



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 49988

LOCATION Ottawa KS

FOREMAN Fred Maden

Invoice #807119

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-24-16	3244	Duane Beets # A-10	NE 12	18	21	M
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy LLC			712	Fred Mad		
MAILING ADDRESS			495	Nar Bee		
P.O. Box 128			675	Ku Det		
CITY	STATE	ZIP CODE	510	Mix Hua		
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 660 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 670' DRILL PIPE Baffle in TUBING 638' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' Plug
 DISPLACEMENT 2.71 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix & Pump 100' Gel
Flush. Mix & Pump 94 sks Por Blend IA Cement 270' Gel 570 Salt
5# Kol Seal/sk. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800
PSI. Release pressure to set flat valve. Shut in casing

TOS Drilling. (Wesly Dallord.)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	20 mi	MILEAGE	495	143 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	500	660 ⁰⁰
WE0853	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
		Sub Total		2403 ⁰⁰
		Less 64%		-1537 ⁹²
				865 ⁰⁸
7891 CC5840	94 sks	Por Blend IA Cement	1269 ⁰⁰	
CC5965	258 [#]	Bentonite Gel	77 ⁴⁰	
CC5326	182 [#]	Salt	126 ⁵⁰	
CC6077	470 [#]	Kol Seal	235 ²⁰	
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1762 ⁷⁰
		Less 64%		-1128 ²⁶
				634 ⁴⁴
			8%	SALES TAX
				ESTIMATED
				TOTAL
				5077
				1560 ⁴⁹

Ravin 3737

AUTHORIZATION No Co Repair Site

TITLE _____

DATE _____

4306.93

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.

Miami County, KS
Well: Duane Beets A-10
Lease Owner: Altavista

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

Commenced Spudding:
2/22/16

WELL LOG

Thickness of Strata	Formation	Total Depth
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5	Shale	610
1	Sand	611
3	Sand	614
5	Sand	619
1	Sand	620

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-10

Farm Duane Beets

KS Miami
(State) (County)

12 R8 21
(Section) (Township) (Range)

For Allvest Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Duane
Beets Farm: Miami County
KS State; Well No. A-10
 Elevation 1003
 Commenced Spuding 2-22 20 16
 Finished Drilling 2-24 20 16
 Driller's Name Wesley Dollard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
12 16 21

(Section) (Township) (Range)
 Distance from S line, 3490 ft.
 Distance from E line, 2475 ft.

3 sacks
 9 hrs
 5 5/16 borehole
 2 7/16 casing

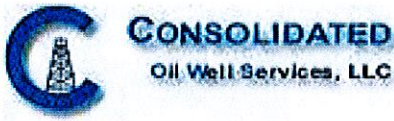
CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/2" Set 20 6 3/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>606</u>	<u>-</u>	<u>Seat nipple</u>	<u></u>	<u></u>	<u></u>
<u>638.4</u>	<u>4</u>	<u>Baffle</u>	<u></u>	<u></u>	<u></u>
<u>670.8</u>	<u>8</u>	<u>Float</u>	<u></u>	<u></u>	<u></u>
<u>680</u>	<u>TD</u>	<u></u>	<u></u>	<u>27</u>	<u>1/8</u>

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 WELLSVILLE KS 66092
 USA

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7858834057

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Oil Well Services, LLC

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

5392
5295

TICKET NUMBER 49988

LOCATION Ottawa KS

FOREMAN Fred Maden

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CEMENT

Invoice #807119

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CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1762 ⁷⁰
		Less 64%		-1128 ²⁶
				634 ⁴⁴
		8%	SALES TAX	50 ⁷⁷
			ESTIMATED TOTAL	1560 ⁴⁹

Ravin 3737

AUTHORIZATION No Co Repair Site

TITLE _____

DATE _____

4306.93

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