CORRECTION #1

Kansas Corporation Commission 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 #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
Oil	Elevation: Ground: Kelly Bushing:			
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Demois #	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Location of fluid disposal if fladied offsite.			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R			
Recompletion Date Recompletion Date	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

Confidentiality Requested:

Yes No

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:					



1315958 CORRECTION #1

Operator Name:				Lease I	Name: $\_$			Well #:	
Sec Twp	S. R	East	West	County	r:				
open and closed, flow and flow rates if gas to	ow important tops of foing and shut-in pressu o surface test, along w	res, whe ith final c	ther shut-in pre chart(s). Attach	essure reac extra shee	hed stati et if more	c level, hydrost space is need	atic pressures, b ed.	ottom hole tempe	erature, fluid recovery
	g, Final Logs run to ob d in LAS version 2.0 o					ngs must be em	alled to kcc-well	-logs@kcc.ks.gov	7. Digital electronic lo
Drill Stem Tests Taken Yes No (Attach Additional Sheets)						ion (Top), Depth		Sample	
Samples Sent to Geol	logical Survey	☐ Ye	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Ye	es No						
List All E. Logs Run:									
		Repo	CASING ort all strings set-o	RECORD	☐ Ne		ction, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weig	ght	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	. CEMENTII	NG / SQL	JEEZE RECORI	)		
Purpose: Depth Typ Perforate Top Bottom		Туре	Type of Cement # Sacks Used			Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
Does the volume of the to	ulic fracturing treatment or otal base fluid of the hydra ing treatment information	ulic fractu	uring treatment ex		•	Yes Yes Yes Yes	No (If No,	skip questions 2 an skip question 3) fill out Page Three	,
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 A	t:	Liner Run:	Yes 1	No	
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth	nod:	ıg 🗌	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wat	er I	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:		N Open Hole	METHOD OF		Comp. Co	ommingled bmit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	omit ACO-18.)		Other (Specify)		(Cabinit)		- Link A00-4)		

Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	ROY BEETS AI-54
Doc ID	1315958

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	Portland	3	NA
Production	5.625	2.875	7	712	50/50 Poz	95	See Ticket

# **Summary of Changes**

Lease Name and Number: ROY BEETS AI-54

API/Permit #: 15-121-31233-00-00

Doc ID: 1315958

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	08/09/2016	09/01/2016
Method Of Completion - Perf	No	Yes
Perf_Record_1		606-616 - 31 Perfs - 2" DML RTG
Perf_Shots_1		3
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 13899	//kcc/detail/operatorE ditDetail.cfm?docID=13 15958