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: State: 2	Zip:+	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 WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:			
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:			
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No			
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					
Deepening Re-perf. Conv. to I	_	Drilling Fluid Management Plan			
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	_	Chloride content:ppm Fluid volume:bbls			
		Dewatering method used:			
		Dewatering method dood.			
		Location of fluid disposal if hauled offsite:			
		Operator Name:			
GSW Permit #:		Lease Name: License #:			
Canad Data as Data Data LTD	Completion Data are	Quarter Sec TwpS. R			
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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 Approved by: Date:



1318877 CORRECTION #1

Operator Name:			Lease N	ame:			_Well #:	
Sec Twp	S. R	East West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressur	res, whether shut-in բ	oressure reach	ed static lev	el, hydrosta	tic pressures, bot		
Final Radioactivity Log, files must be submitted					nust be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sho	eets)	Yes No		Log	Formation	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	☐ Yes ☐ No		Name			Тор	Datum
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASIN Report all strings se	IG RECORD et-conductor, sur	New face, interme	Used	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / I	nt	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITION	AL CEMENTIN	G / SOLIFE:	ZE BECORD			
Purpose:	Depth	Type of Cement	# Sacks U		L NECOND	Type and F	Percent Additives	
Perforate Protect Casing Plug Back TD	Top Bottom	Type of comon	" Cache C	500u		Typo and T	Crock / Additives	
Plug Off Zone								
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	l base fluid of the hydra	ulic fracturing treatment			Yes [Yes [Yes [No (If No, sk	ip questions 2 ar ip question 3) 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 At:	Liı	ner Run:	Yes No		
Date of First, Resumed Pr	oduction, SWD or ENHI	R. Producing M	lethod:	Gas	Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		METHOD OF (COMPLETIO	N:		PRODUCTION	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually Cor	np. Cor	nmingled mit ACO-4)		
(If vented, Subm	it ACO-18.)	Other (Specify)		, Jasiiii AOO-				

Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	O'BRIEN AI-36
Doc ID	1318877

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	597	50/50 Poz	77	See Ticket

Summary of Changes

Lease Name and Number: O'BRIEN AI-36

API/Permit #: 15-121-31257-00-00

Doc ID: 1318877

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	09/12/2016	10/06/2016
Method Of Completion - Perf	No	Yes
Perf_Record_1		504-524 - 62 Perfs - 2" DML RTG
Perf_Shots_1		3
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 16370	//kcc/detail/operatorE ditDetail.cfm?docID=13 18877