

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--



# McGOWAN DRILLING, INC.

Mound City, KS  
620.224.7406

Well #				Casing			
<b>Altavista Energy, Inc. Alexander East #A-13</b>				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	43 '	Tally:	1106.5 '
API #:	15-207-29881	S-T-R:	2-24S-16E	Cement:	8 sx	Bit:	5.875 "
County:	Woodson - KS	Date:	6/22/2022	Bit:	9.875 "	Date:	6/24/2022
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		916	921	Lime	
2	18	Sandstone	w/clay	921	926	Shale	
18	173	Shale		926	930	Lime	
173	207	Lime		930	945	Shale	
207	209	Shale		945	947	Lime	
209	231	Lime		947	992	Shale	
231	255	Shale		992	1000	Sand	Good odor, rainbow on pit
255	367	Lime		1000	1022	Shale	
367	380	Shale		1022	1023	Lime	
380	382	Lime		1023	1033	Sand	See below
382	385	Shale		1033		Sandy Shale	
385	450	Lime					
450	467	Shale					
467	486	Lime					
486	488	Shale					
488	490	Lime					
490	495	Shale					
495	579	Lime					
				Float Equipment			
579	587	Shale		Qty	Size		
587	608	Lime		1	2 7/8	Float Shoe	
608	611	Shale		1	2 7/8	Aluminum Baffle	Set at 1075.45'
611	632	Lime		3	2 7/8	Centralizers	
632	636	Shale		1	2 7/8	Casing clamp	
636	638	Lime					
638	793	Shale					
				Sand / Core Detail			
793	797	Lime		Core #1:		Core #2:	
797	822	Shale		Core #3:		Core #4:	
826	836	Lime		1023	1025	Good odor, slight bleed to pit	
836	845	Shale		1025	1033	Good odor, good bleed to pit, laminated	
845	847	Lime					
847	852	Shale					
852	858	Lime					
858	898	Shale					
898	901	Lime					
901	910	Shale					
910	913	Lime					
913	916	Shale					
				<b>Total Depth:</b>		<b>1112</b>	



**CEMENT TREATMENT REPORT**

Customer:	Altavista Energy	Well:	Alexander East A-13	Ticket:	EP5052
City, State:	Wellsville, KS	County:	WO, KS	Date:	6/24/2022
Field Rep:	Bryan Miller	S-T-R:	2-24-16	Service:	Longstring

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	1112 ft
Casing Size:	2 7/8 in
Casing Depth:	1106.45 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Tool Depth:	1075.45 ft
Displacement:	6.23 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.61 ppg
Water / Sx:	7.12 gal / sk
Yield:	1.56 ft <sup>3</sup> / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	33.34 bbls
Total Sacks:	120 sks

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sk
Yield:	ft <sup>3</sup> / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
11:00 AM			-	-	on location, held safety meeting
	4.0			-	established rate
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and 120 sks Econobond cement with 1# PhenoSeal per sk, cement to surface
	4.0			-	flushed pump clean
	1.0			-	pumped 2 7/8" rubber plug to baffle with 6.23 bbls fresh water
	1.0			-	pressured to 900 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
				-	
2:30 PM				-	left location
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	238	3.1 bpm	- psi	- bbls
Bulk:	Doug Gipson	248			
H2O:	Keith Detwiler	111			