## **CORRECTION #1**

KOLAR Document ID: 1670623

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 #	API No.:				
Name:	Spot Description:				
Address 1:	SecTwpS. R East _ West				
Address 2:	Feet from North / South Line of Section				
City: State: 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.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
□ Oil □ WSW □ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW	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? 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 Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Demoit #	Chloride content: ppm Fluid volume: bbls				
☐ Commingled     Permit #:       ☐ Dual Completion     Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Education of haid disposal if hadied 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** 

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:						

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Operator Name:			Lease Name:					Well #:				
Sec Tw	pS.   I	R [	East	West	County:							
	, flowing and sl	hut-in pressure	es, whet	her shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,		
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log		
Drill Stem Tests Taken Yes No (Attach Additional Sheets)							g Formation (Top), Depth and Datum					
Samples Sent to	Geological Su	rvey	Ye	s 🗌 No		Name			Тор	Datum		
Electric Log Run			☐ Ye ☐ Ye ☐ Ye	s No								
			Repor		RECORD	Ne	w Used	on etc				
Purpose of St	ring Si			e Casing	Weigh		Setting	Type of	# Sacks	Type and Percent		
ruipose oi si	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives		
				ADDITIONAL	CEMENTING	3/SQU	EEZE RECORD					
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	ks Used Type and Percent Additives						
Perforate Protect Ca		o zotto										
Plug Back Plug Off Z												
1 ldg 0 ll 2	0110											
<ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol>	e of the total base	e fluid of the hyd	raulic frac	cturing treatmer		-	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three d	•		
Date of first Produ	ction/Injection or	Resumed Produ	ction/	Producing Met	hod:							
Injection:	ouon, injouron or	Tiodamod Frode	Ottorii	Flowing	Pumping		Gas Lift C	other (Explain)				
Estimated Production Oil Bbls. Per 24 Hours		S.	Gas Mcf			er B	ols.	Gas-Oil Ratio Gravity				
DISPO	OSITION OF GAS	S:		1	METHOD OF C	OMPLE	TION:			N INTERVAL:		
Vented	Sold Use	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled	Тор	Bottom		
(If vente	ed, Submit ACO-18	8.)				(Submit	ACO-5) (Sub	mit ACO-4)				
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	Record		
TUBING RECOR	D: Size:		Set At:		Packer At:							

Form	ACO1 - Well Completion					
Operator	Altavista Energy, Inc.					
Well Name	Sauder I-11					
Doc ID	1670623					

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.25	7	19	58	50/50 Poz	40	See Ticket
Production	5.875	2.875	7	1071	50/50 Poz	146	See Ticket