

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 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
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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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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McGOWAN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Altavista Energy, Inc. Strahm West #A -50				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	40 '	Tally:	1093.0 '
API #:	15-207-29886	S-T-R:	11-24S-16E	Cement:	8 sx	Bit:	5.875 "
County:	Woodson - KS	Date:	7/27/2022	Bit:	9.875 "	Date:	7/29/2022
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		917	925	Shale	
2	10	Sandstone		925	929	Lime	
10	143	Shale		929	943	Shale	
143	190	Lime		943	949	Lime	
190	197	Shale		949	965	Shale	
197	216	Lime		965	968	Lime	
216	238	Shale		968	1018	Sandy Shale	
238	437	Lime		1018	1019	Lime	Cap
437	452	Shale		1019	1020	Sandy Shale	
452	457	Lime		1020	1030	Sand	Good oil show
457	462	Shale		1030	1081	Sandy Shale	
462	472	Lime	Sandy	1081	1083	Lime	
472	475	Shale		1083		Shale	
475	476	Lime					
476	504	Shale					
504	509	Lime					
509	511	Shale					
511	575	Lime		Float Equipment			
575	579	Shale		Qty	Size		
579	582	Lime		1	2 7/8	Float Shoe	
582	590	Shale		1	2 7/8	Aluminum Baffle	Set at 1063.15'
590	605	Lime		3	2 7/8	Centralizers	
605	607	Shale		1	2 7/8	Casing clamp	
607	633	Lime					
633	800	Shale	Big Shale	Sand / Core Detail			
800	805	Lime		Core #1: 1022-1042		Core #2:	
805	822	Shale		Core #3:		Core #4:	
824	833	Lime		1020	1030	Laminated sand, slight bleed to pit,	
833	835	Shale				good odor, good bleed back after washing	
835	846	Lime				in core	
846	852	Sandy Shale					
852	897	Shale	Sandy				
897	900	Lime					
900	910	Shale					
910	913	Lime					
913	915	Shale					
915	917	Lime					
			Total Depth:	1097			



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Strahm West A-50	Ticket: EP5424
City, State: Wellsville, KS	County: WO, KS	Date: 7/29/2022
Field Rep: Bryan Miller	S-T-R: 11-24-16	Service: Longstring

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	ft
Casing Size:	2 7/8 in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Tool Depth:	ft
Displacement:	bbbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.61 ppg
Water / Sx:	7.12 gal / sk
Yield:	1.56 ft ³ / 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 ³ / 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
1:00 PM			-	-	on location, held safety meeting
	4.0			-	established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 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 bbls fresh water
	1.0			-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
				-	
				-	left location
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	239	3.1 bpm	- psi	- bbls
Bulk:	Trevor Glasgow	248			
H2O:	Keith Detwiler	124			