

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
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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) (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. Marjorie Crotts #I-5				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	50 '	Tally:	1080.5 '
API #:	15-031-24635	S-T-R:	14-22S-16E	Cement:	8 sx	Bit:	5.875 "
County:	Coffey Co., KS	Date:	11/2/2022	Bit:	9.875 "	Date:	11/7/2022
Top	Base	Formation	Top	Base	Formation		
0	2	Soil	960	967	Shale		
2	35	Clay	967	971	Lime		
35	46	Clay & Gravel	971	1006	Shale		
46	213	Shale	1006	1007	Lime		
213	239	Lime	1007	1015	Sand		See below
239	244	Shale	1015	1017	Sandy shale		Slight odor
244	296	Lime	1017		Shale		
296	355	Shale					
355	370	Lime					
370	374	Shale					
374	379	Lime					
379	414	Shale					
414	474	Lime					
474	495	Shale					
495	500	Red Bed					
500	512	Shale					
512	533	Lime					Shaley
533	535	Lime					
535	538	Shale					
538	587	Lime					
587	597	Shale					
597	649	Lime					
649	659	Shale					
659	662	Black Shale					
662	824	Shale					
824	830	Lime					
830	822	Shale					
833	841	Lime					
841	888	Shale					
888	893	Lime					
893	914	Shale					
914	918	Lime					
918	934	Shale					
934	937	Lime					
937	939	Shale					
939	941	Lime					
941	958	Shale					
958	960	Lime					
Total Depth:			1086				

Float Equipment			
Qty	Size	Description	
1	2 7/8	Float Shoe	
1	2 7/8	Aluminum Baffle	Set at 1053.75'
3	2 7/8	Centralizers	
1	2 7/8	Casing clamp	

Sand / Core Detail			
Core #1:		Core #2:	
Core #3:		Core #4:	
1007	1008	Slightly broken sand, good odor, good bleed	
1008	1012	Solid sand, good odor, good bleed	
1012	1015	Broken sand, mostly shale, fair bleed	



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Marjorie Crofts I-5, I-6	Ticket: EP6529
City, State: Wellsville, KS	County: CF, KS	Date: 11/7/2022
Field Rep: Bryan Miller	S-T-R: 14-22-16	Service: Longstring/Surf

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	Econobond 1# PS	Blend:	
Hole Depth:	1086 ft	Weight:	13.61 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	7.12 gal / sk	Water / Sx:	gal / sk
Casing Depth:	1080.50 ft	Yield:	1.56 ft ³ / sk	Yield:	ft ³ / sk
Tubing / Liner:	in	Annular Bbbs / Ft.:	bbs / ft.	Annular Bbbs / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:	baffle	Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	1053.75 ft	Excess:		Excess:	
Displacement:	6.10 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sks	Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
1:45 PM			-	-	on location, held safety meeting
					I-5
4.0					established circulation
4.0					mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0					mixed and pumped 121 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 6.10 bbls fresh water
1.0					pressured to 800 PSI, well held pressure
					released pressure to set float valve
4.0					washed up equipment
					I-6 (50' of 7" surface casing in 11" OH)
4.0					established circulation
4.0					mixed and pumped 25 sks Econobond 1# PS cement, cement to surface
2.0					displaced cement with 1.75 bbls fresh water, shut in casing
4.0					washed up equipment
3:30 PM					left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	239	3.3 bpm	- psi	- bbls
Bulk:	Devin Katzer	215			
H2O:	Keith Detwiler	124			