

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 Crofts #I-12				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	46 '	Tally:	1086.9 '
API #:	15-031-24634	S-T-R:	14-22S-16E	Cement:	HSI sx	Bit:	5.875 "
County:	Coffey Co., KS	Date:	11/14/2022	Bit:	9.875 "	Date:	11/18/2022
Top	Base	Formation	Top	Base	Formation		
0	3	Soil	944	960	Shale		
3	30	Clay	960	965	Lime		
30	40	Clay & Gravel	965	973	Shale		
40	218	Shale	973	975	Lime		
218	270	Lime	975	1007	Shale		
270	355	Shale	1007	1008	Lime		
355	370	Lime	1008	1011	Shale		
370	374	Shale	1011	1012	Lime		
374	379	Lime	1012	1021	Sand	See below	
379	420	Shale	1021		Sandy Shale		
420	478	Lime					
478	489	Shale					
489	494	Lime					
494	500	Shale					
500	503	Red Bed					
503	515	Shale					
515	591	Lime					
591	602	Shale					
				Float Equipment			
602	625	Lime	Qty	Size			
625	628	Shale	1	2 7/8	Float Shoe		
628	653	Lime	1	2 7/8	Aluminum Baffle	Set at 1064.25'	
653	813	Shale	3	2 7/8	Centralizers		
813	816	Lime	1	2 7/8	Casing clamp		
816	825	Shale					
825	832	Lime					
				Sand / Core Detail			
832	834	Shale	Core #1:		Core #2:		
834	822	Lime	Core #3:		Core #4:		
837	876	Shale	1012	1013	Broken sand, good odor, slight bleed to pit		
876	878	Lime	1013	1016	Broken sand, good odor, fair bleed to pit		
878	885	Shale	1016	1017	Sandy shale		
885	887	Lime	1017	1021	Broken sand, fair bleed, mostly sandy shale		
887	892	Shale					
892	897	Lime					
897	917	Shale					
917	921	Lime					
921	937	Shale					
937	944	Lime					
Total Depth:			1090				



CEMENT TREATMENT REPORT

Customer: Alstavista Energy	Well: Marjorie Crotts I-6, I-12	Ticket: EP6605
City, State: Wellsville, KS	County: CF, KS	Date: 11/14/2022
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:	1102 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:	1096.70 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:	1064.25 ft	Excess:		Excess:	
Displacement:	6.16 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
1:15 PM			-	-	on location, held safety meeting
				-	
				-	I-6
4.0				-	established circulation
4.0				-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0				-	mixed and pumped 126 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 6.16 bbls fresh water
1.0				-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
4.0				-	washed up equipment
				-	
				-	I-12
4.0				-	established circulation
4.0				-	mixed and pumped 30 sks Econobond cement with 1# PhenoSeal per sk, cement to surface
4.0				-	displaced cement with 1.5 bbls fresh water, shut in casing
4.0				-	washed up equipment
				-	
4:15 PM				-	left location
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	239	3.5 bpm	- psi	- bbls
Bulk:	Richard Mentzer	248			
H2O:	Ryan Hays	111			

