

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018Form must be Typed
Form must be Signed
All blanks must be FilledWELL 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
Recompletion Date

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: _____ (e.g. xx.xxxxx), Long: _____ (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 DistributionALT 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives	

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 (Explain) _____				
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:							

Form	ACO1 - Well Completion						
Operator	Altavista Energy, Inc.						
Well Name	HOLTZ AI-1						
Doc ID	1682706						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	17	21	Portland	4	NA
Production	5.625	2.875	6.5	538	Econobond	61	See Ticket

Miami County, KS
Well:Holtz Ai-1
Lease Owner:AltaVista

TDR Construction, Inc.
(913) 710-5400

Commenced Spudding:
9/8/22

WELL LOG

Holt 2	Farm:			County
	State; Well No.	A I - 1		
Elevation	930			
Commenced Spuding	9-8	20	22	
Finished Drilling	9-9	20	22	
Driller's Name	Wesley Dollard			
Driller's Name	Ryan Ward			
Driller's Name				
Tool Dresser's Name				
Tool Dresser's Name				
Tool Dresser's Name				
Contractor's Name	TDR			
16	18	24		

(Section) (Township) (Range)
Distance from S line, 165 ft.
Distance from E line, 4815 ft.

4 sacks

8h3

5 7/8 bore hole

27/8 casing

CASING AND TUBING

RECORD

10" Set	_____	10" Pulled	_____
8" Set	_____	8" Pulled	_____
6 1/4" Set	<u>21</u>	6 1/4" Pulled	_____
4" Set	_____	4" Pulled	_____
2" Set	_____	2" Pulled	_____

CASING AND TUBING MEASUREMENTS

Thickness of Strata	Formation	Total Depth	Remarks
0-3	Soil - clay	3	
6	Lime	9	
6	Shale	15	
37	Lime	52	
6	Shale	58	
20	Lime	78	
3	Shale	81	
3	Lime	84	
3	Shale	87	
6	Lime	93	Herttha
21	Shale	114	
14	Sand	128	heavy oil - broken
42	sandy shale	170	
82	Shale	252	
12	Sand	264	gray - no oil
39	Shale	303	
6	Lime	309	
21	Shale	330	
8	Lime	338	
15	Shale	353	
4	Lime	357	
6	Shale	363	
7	Limey sand	370	no oil
24	Lime	394	
7	Shale	401	
2	Lime	403	
64	Shale	467	

407



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Holtz Al-1	Ticket: EP5885
City, State: Wellsville, KS	County: MI, KS	Date: 9/8/2022
Field Rep: Bryan Miller	S-T-R: 16-18-24	Service: Longstring

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	560 ft
Casing Size:	2 7/8 in
Casing Depth:	538 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	baffle
Tool Depth:	510.00 ft
Displacement:	2.95 bbls

		STAGE	TOTAL	
TIME	RATE	PSI	RPLc	RPLc

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.61 ppg
Water / Sx:	7.12 gal / sk
Yield:	1.56 ft³ / sk
Barrel Bbls / Ft.:	bbs / ft.
Depth:	ft
Barrel Volume:	0.0 bbls
Excess:	
Total Slurry:	16.95 bbls
Total Sacks:	61 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

CREW		UNIT		SUMMARY		
Cementer:	Casey Kennedy	931		Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	209		3.1 bpm	- psi	- bbls
Bulk:	Trevor Glasgow	246				
H2O:	Keith Detwiler	124				