

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)</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. Eggers #AI-20				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	21.6 '	Tally:	930.55 '
API #:	15-207-29919	S-T-R:	7-26S-17E	Cement:	6 sx	Bit:	5.875 "
County:	Woodson - KS	Date:	2/24/2023	Bit:	9.875 "	Date:	2/28/2023
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		734	745	Lime	
2	8	Clay & Gravel		745	753	Shale	
8	25	Lime		753	758	Lime	
25	28	Shale		758	762	Shale	
28	45	Lime		762	765	Lime	
45	149	Shale		765	771	Shale	
149	170	Lime		771	773	Lime	
170	181	Shale		773	794	Shale	
181	243	Lime		794	808	Lime	
243	280	Shale		808	815	Shale	
280	286	Sand	Grey	815	818	Lime	
286	309	Shale		818	819	Shale	
309	312	Lime		819	821	Lime	
312	337	Shale		821	854	Shale	
337	398	Lime		854	856	Sand	See below
398	407	Shale		856	860	Shale	
407	408	Sand		860		Sand	See below
408	411	Shale		Float Equipment			
411	413	Lime		Qty	Size		
413	419	Shale		1	2 7/8	Float Shoe	
419	437	Lime		1	2 7/8	Aluminum Baffle	Set at 900.15'
437	439	Shale		3	2 7/8	Centralizers	
439	450	Lime		1	2 7/8	Casing clamp	
450	452	Shale					
452	485	Lime		Sand / Core Detail			
485	616	Shale		Core #1:		Core #2:	
616	822	Lime		Core #3:		Core #4:	
622	628	Shale		663	665	Good odor, no bleed	
628	639	Lime		665	667	Broken sand, good odor, slight bleed	
639	640	Shale		667	673	Better sand, good odor, good bleed to pit	
640	652	Lime					
652	655	Shale		854	856	Sandy shale and sand, slight odor	
655	657	Lime		856	860	Shale	
657	663	Shale		860	866	Good odor, broken, rainbow to pit	
663	673	Sand	See below	866	868	Broken sand, good odor, fair bleed to pit;	
673	727	Shale		868	869	Black sand, fair odor	
727	729	Lime					
729	734	Shale		Total Depth:		936	



Remit To: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202
 316-303-9515

Customer:
 ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE, KS 66092-0128

Invoice Date: 2/28/2023
 Invoice #: 0366786
 Lease Name: E. Eggers
 Well #: AI-20 (New)
 County: Woodson, Ks
 Job Number: EP7694
 District: East

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Cement Pump Service	1.000	750.000	750.00
Heavy Eq Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Ton Mileage-Minimum	1.000	300.000	300.00
Vacuum Truck-80bbl	3.000	100.000	300.00
Econobond	113.000	20.000	2,260.00
Pheno Seal	113.000	1.750	197.75
Cement Gel	200.000	0.450	90.00
2 7/8" Rubber Plug	1.000	40.000	40.00

Total 4,237.75

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	Altavista Energy		Lease & Well #	E. Eggers AI-20		Date	2/28/2023	
Service District	Garnett		County & State	WO, KS		Legals S/T/R	7-26-17	
Job Type	Longstring	<input type="checkbox"/> PROD	<input checked="" type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Job #
								Ticket #
								EP7694
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
931	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
239	Devin Katzer	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits		<input type="checkbox"/> Fall Protection		
215	Doug Gipson	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards		<input checked="" type="checkbox"/> Specific Job Sequence/Expectations		
110	Keith Detwiler	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards		<input checked="" type="checkbox"/> Muster Point/Medical Locations		
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below				
Comments								

Product/ Service Code	Description	Unit of Measure	Quantity				Net Amount
C010	Cement Pump Service	ea	1.00				\$750.00
M010	Heavy Equipment Mileage	mi	50.00				\$200.00
M015	Light Equipment Mileage	mi	50.00				\$100.00
M025	Ton Mileage - Minimum	each	1.00				\$300.00
T010	Vacuum Truck - 80 bbl	hr	3.00				\$300.00
CP049	EconoBond	sack	113.00				\$2,260.00
CP125	Pheno Seal	lb	113.00				\$197.75
CP096	Cement Gel	lb	200.00				\$90.00
FE025	2 7/8" Rubber Plug	ea	1.00				\$40.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?							Net:	\$4,237.75
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Total Taxable \$ - Tax Rate:		Sale Tax:	\$ -
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely					State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Total:	\$ 4,237.75
					HSI Representative:		<i>Casey Kennedy</i>	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	Altavista Energy	Well:	E. Eggers AI-20	Ticket:	EP7694
City, State:	Wellsville, KS	County:	WO, KS	Date:	2/28/2023
Field Rep:	Bryan Miller	S-T-R:	7-26-17	Service:	Longstring

Downhole Information

Hole Size:	5 7/8 in
Hole Depth:	936 ft
Casing Size:	2 7/8 in
Casing Depth:	930.55 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	affle
Tool Depth:	900.15 ft
Displacement:	5.21 bbls

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:	31.40 bbls
Total Sacks:	113 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
3:30 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 113 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 affle with 5.21 bbls fresh water
	1.0			-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
4:30 PM				-	left location

CREW		UNIT		SUMMARY		
Cementer:	Casey Kennedy	931		Average Rate	Average Pressure	Total Fluid
Pump Operator:	Devin Katzer	239		3.1 bpm	- psi	- bbls
Bulk:	Doug Gipson	215				
H2O:	Keith Detwiler	110				