

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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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: 2/17/2023
 Invoice #: 0366653
 Lease Name: E. Eggers
 Well #: A-20 (New)
 County: Woodson, Ks
 Job Number: EP7569
 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	18.000	4.000	72.00
Light Eq Mileage	18.000	2.000	36.00
Ton Mileage-Minimum	1.000	300.000	300.00
Vacuum Truck-80bbl	2.500	100.000	250.00
Econobond	116.000	20.000	2,320.00
Pheno Seal	116.000	1.750	203.00
Bentonite Gel	200.000	0.400	80.00
2 7/8" Rubber Plug	1.000	40.000	40.00
Fresh water	3,360.000	0.020	67.20

Total 4,118.20

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 A-20		Date	2/17/2023	
Service District	Garnett	County & State	WO, KS	Legals S/T/R	7-26-17	Job #	
Job Type	Longstring	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Ticket #
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		
209	Nick Beets	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
215	Devin Katzer	<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	Doug Gipson	<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	18.00	\$72.00
M015	Light Equipment Mileage	mi	18.00	\$36.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00
T010	Vacuum Truck - 80 bbl	hr	2.50	\$250.00
CP049	EconoBond	sack	116.00	\$2,320.00
CP125	Pheno Seal	lb	116.00	\$203.00
CP095	Bentonite Gel	lb	200.00	\$80.00
FE025	2 7/8" Rubber Plug	ea	1.00	\$40.00
AF080	Fresh Water	gal	3,360.00	\$67.20

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$4,118.20
		Total Taxable	\$ -
		Tax Rate:	
Based on this job, how likely is it you would recommend HSI to a colleague?		Sale Tax:	\$ -
<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:	\$ 4,118.20
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely			
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 A-20	Ticket:	EP7569
City, State:	Wellsville, KS	County:	WO, KS	Date:	2/17/2023
Field Rep:	Bryan Miller	S-T-R:	7-26-17	Service:	Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	Econobond 1# PS	Blend:	
Hole Depth:	934 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:	928 ft	Yield:	1.56 ft ³ / sk	Yield:	ft ³ / sk
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:	baffle	Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	896.00 ft	Excess:		Excess:	
Displacement:	5.19 bbls	Total Slurry:	32.23 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	116 sks	Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
3:00 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 116 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 5.19 bbls
	1.0			-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
				-	
4:00 PM				-	left location
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CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	209	3.1 bpm	- psi	- bbls
Bulk:	Devin Katzer	215			
H2O:	Doug Gipson	110			

McGOWAN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Altavista Energy, Inc. Eggers #A20				Surface		Longstring	
				Size:	7 "	Size:	2 7/8 "
				Tally:	21.65 '	Tally:	928 '
API #:	15-207-29909	S-T-R:	7-26S-17E	Cement:	4 sx	Bit:	5.875 "
County:	Woodson - KS	Date:	2/13/2023	Bit:	9.875 "	Date:	2/17/2023
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		800	814	Lime	
2	8	Clay		814	823	Shale	
8	28	Lime		823	829	Lime	
28	30	Shale		829	857	Shale	
30	46	Lime		857	858	Lime	
46	148	Shale		858	859	Shale	
148	174	Lime		859	860	Lime	
174	186	Shale		860	862	Sand	see below
186	188	Lime		862	868	Lime	
188	194	Shale		868	882	Sand	see below
194	250	Lime		882		Shale	
250	279	Shale					
279	314	Sandy Shale					
314	341	Shale					
341	395	Lime					
395	410	Shale					
410	413	Lime					
413	422	Shale		Float Equipment			
422	454	Lime		Qty	Size		
454	459	Shale		1	2 7/8	Float Shoe	
459	498	Lime		1	2 7/8	Aluminum Baffle	Set at 896'
498	619	Shale		3	2 7/8	Centralizers	
619	626	Lime		1	2 7/8	Casing clamp	
626	634	Shale					
634	636	Lime		Sand / Core Detail			
636	649	Shale		Core #1:		Core #2:	
649	822	Lime		Core #3:		Core #4:	
659	670	Shale		860	862	Good odor	
670	680	Sand	Good odor, slight bleed	862	868	Shale	
680	733	Shale		868	874	Broken sand, fair bleed	
733	735	Lime		874	877	Good bleed, good odor, some broken shale	
735	740	Shale		887	880	Sandy shale	
740	765	Lime		880	882	Black sand, & sandy shale, odor	
765	768	Shale					
768	772	Lime					
772	777	Shale					
777	779	Lime					
779	898	Shale	Total Depth:	934			