

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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CEMENT TREATMENT REPORT

Customer:	Altavista Energy	Well:	Leonard, #A-30	Ticket:	EP11090
City, State:		County:	Allen, KS	Date:	10/24/2023
Field Rep:	Brian Miller	S-T-R:		Service:	Longstring

Downhole Information	
Hole Size:	in
Hole Depth:	938 ft
Casing Size:	2 7/8 in
Casing Depth:	927 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	Baffle
Tool Depth:	886 ft
Displacement:	5.1 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1#ps
Weight:	13.5 ppg
Water / Sx:	7.1 gal / sx
Yield:	1.56 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	bbls
Total Sacks:	sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	STAGE	TOTAL BBLs	REMARKS
12:30 PM			-		-	On location, held safety meeting
					-	
4.0					-	Established circulation through 2 7/8 Casing
4.0					-	Mixed and pumped 200# of bentonite Gel followed by 4 bbl of fresh water
4.0					-	Mixed and pumped 90sks of Econobod cement with 1# PS, cement to surface
4.0					-	Flushed pumped clean, displaced cement with 1 2 7/8" rubber plug to baffle with 5.1 BBI of fresh water
1.0	800.0				-	Landed plug with 800 PSI, well held pressure
					-	Released pressure to set float valve
4.0					-	washed up equipment
					-	
1:00 PM					-	Left location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S.	97	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	3.5 bpm	800 psi	- bbls
Bulk #1:	Doug G	215			
Bulk #2:	Keith D	124			

WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 34350	API # 15-207-29936
Operator: Altavista Energy, Inc.	Lease: Leonard
Address: 495 K-33 Highway, Box 128, Wellsville, Ks 66092-0128	Well # A-30
Phone: 785-883-4057	Spud Date: 10/20/2023 Completed: 10/24/20203
Contractor License: 33900	Location: Sec: 18 TWP: 26s R: 17e
T.D. 938' Bite Size: 5.875	4720 FSL
Surface Pipe Size: 7" Surface Depth: 22'	3790 FEL
Kind of Well: Oil	County: Woodson

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Shale	762	780
Clay	4	12	Lime	780	784
Lime	12	56	Shale	784	790
Shale	56	150	Lime	790	829
Lime	150	195	Shale	829	850
Shale	195	216	Lime Cap	850	852
Lime	216	256	Oil Sand	852	861
Shale	256	326	Broken Sand	861	863
Lime	326	329	Shale	863	938
Shale	329	342			
Lime	342	388	TD 938		
Shale	388	412			
Lime	412	424	Cemented Surface With		
Shale	424	430	8 sacks		
Lime	430	501			
Shale	501	638	Ran 2-7/8" Pipe to		
Lime	638	649	926'		
Shale	649	655			
Lime	655	658			
Broke Oil Sand	658	664			
Badly Broken sand	664	666			
Shale	666	682			
Lime	682	695			
Shale	695	727			
Lime	727	742			
Blk Shale	742	747			
Lime	747	762			