

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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McGOWN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing				
Altavista Energy Marjorie Crotts #8				Surface		Longstring		
API #: 15-031-24681		S-T-R: 14-22S-16E		Size: 7 "	Size: 2 7/8 "			
County: Coffey		Date: 11/22/2023		Tally: 42.0 '	Tally: 1100.9 '			
				Cement: HSI sx	Bit: 5 7/8 "			
				Bit: 9 7/8 "	Date: 12/8/2023			
Top	Base	Formation		Top	Base	Formation		
0	2	soil						
2	23	clay						
23	27	gravel&sand						
27	228	shale						
228	276	lime						
276	363	shale						
363	377	lime						
377	384	shale						
384	391	lime						
391	422	shale						
422	485	lime						
485	495	shale						
495	500	lime						
500	521	shale						
521	631	lime						
631	633	shale						
633	650	lime						
650	813	shale						
				Float Equipment				
				Qty	Size			
813	817	lime		1	2 7/8	Float Shoe		
817	824	shale		1	2 7/8	Aluminum Baffle	1068.85	
824	843	lime		3	2 7/8	Centralizers		
843	898	shale		1	2 7/8	Casing clamp		
898	904	lime						
904	966	shale						
966	968	lime						
				Sand / Core Detail				
				Core #1:		Core #2:		
				Core #3:		Core #4:		
1015	1016	lime		1020	1024	good odor,laminated,good bleed		
1016	1019	shale		1024	1030	good odor,laminated,fair bleed		
1019	1020	lime		1030	1032	slight odor,sandy shale&sand		
1020	1032	sand						
1032	1040	sandy shale						
1040		shale						
			Total Depth:	1105				



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Marjorie Crofts #6, #8	Ticket: EP11465
City, State:	County: CF, KS	Date: 11/17/2023
Field Rep: Bryan Miller	S-T-R:	Service: Surface/ LS

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	1095 ft
Casing Size:	2 7/8 in
Casing Depth:	1095 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	Baffle
Tool Depth:	1067 ft
Displacement:	6.1 bbls

Calculated Slurry - Lead	
Blend:	Thixo 1#PS
Weight:	13.7 ppg
Water / Sx:	8.9 gal / sx
Yield:	1.83 ft³ / 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:	ft³ / 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	TOTAL BBLs	REMARKS
2:30 AM			-	-	On location Held safety meeing
				-	
4.0				-	#8 Hooked to surafce casing and established circulation
4.0				-	Mixed and pumped 40 sks of H-325 cement Marjorie Crofts 8 - Surface
4.0				-	Displaced with 1BBL of fresh water
4.0				-	Washed up equipment
3:00 AM				-	Moved locations
				-	
				-	
				-	#6
4:00 PM				-	Waited for rig to run casing and move out of the way Marjorie Crofts 6 - Longstring
					Well was flowing before cementing in the casing
4.0					Establish circulation
4.0					Mixed and pumped 200# of bentonite Gel followed by 4 BBL of fresh water
4.0					Mixed and pumped 100 sks of Thixo cement with 1# PS, Cement to surface
4.0					Flushed pump and line clean
4.0					Displaced 2 7/8" rubber plug with 6.1 BBL of fresh water
1.0					Pressured up well to 800PSI and shut in, well held pressure
					Released pressure to set float valve
4.0					Washed up equipment
6:00 PM					Left Location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S.	97	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	3.7 bpm	- psi	- bbls
Bulk #1:	Keith D	189			
Bulk #2:	Wes C	124			

