

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 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: _____, 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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 34350		API # 15-031-24698	
Operator: Altavista Energy, Inc		Lease: Marjorie Crotts	
Address: P O Box 128, Wellsville, Ks 66092-0128		Well # 31	
Phone: 785-883-4057		Spud Date: 6-17-2024 Completed: 6-19-2024	
Contractor License: 33900		Location: Sec: 14 TWP: 22s R:16e	
T.D. 1113	Bite Size: 5.875	3630' FSL	
Surface Pipe Size: 7"	Surface Depth: 45'	4950 FEL	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	9	Blk Sand Free Oil	1009	1011
Clay	9	25	Mostly Oil Sand	1011	1013
Sandstone	25	38	Oil Sand	1013	1017
Shale	38	221	Lime Cap	1017	1018
Lime	221	281	Oil Sand	1018	1025
Shale	281	360	Brkn Oil Sand	1025	1027
Lime	360	382	Sandy Shale	1027	1029
Shale	382	405	Shale	1029	1113
Lime	405	408			
Shale	403	413			
Lime	413	498	TD 1113'		
Shale	498	515			
Lime	515	664	Ran 2-7/8" Pipe		
Shale	664	835	To 1103'		
Lime	835	842			
Shale	842	854	Hurricane Cemented		
Lime	854	864	Surface 6/17/2024		
Shale	864	888			
Lime	888	896			
Shale	896	919			
Lime	919	924			
Shale	924	936			
Lime	936	943			
Shale	943	961			
Lime	961	965			
Shale	965	971			
Lime	971	977			
Blk Shale	977	983			
Shale	983	1009			



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Marjorie Crotts #31, #33	Ticket: EP13845
City, State:	County: CF, KS	Date: 6/19/2024
Field Rep: Bryan Miller	S-T-R:	Service: LS

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 5/8 in	Blend:	Thixo 1#PS	Blend:	
Hole Depth:	1112 ft	Weight:	13.7 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	8.9 gal / sx	Water / Sx:	gal / sx
Casing Depth:	1102 ft	Yield:	1.83 ft ³ / sx	Yield:	ft ³ / sx
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:	1070 ft	Excess:		Excess:	
Displacement:	6.1 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	STAGE	TOTAL BBLs	REMARKS
11:00 AM			-		-	On location Held safety meeing
					-	
					-	Waited for rig to run casing
					-	#31
4.0					-	Established circulation with fresh water
4.0					-	Mixed and pumped 300# of bentonite gel followed by 4 BBL of fresh water
4.0	250.0				-	Mixed and pumped 110 sks of Thixo cement with 1# PS, Cement to surface
4.0					-	Flushed pump and line clean
4.0	250.0				-	Displaced 2 7/8" rubber plug with 6.1 BBL of fresh water
1.0	800.0				-	Pressured up well to 800PSI and shut in, well held pressure
					-	Released pressure to set float valve
4.0						Washed up equipment and moved
						#33 Rig set 45' of surface pipe
						Hooked to surface and established rate
						Mixed and pumped 20sks of thixo cement with 1#PS,
						Displaced cement with 1.5 BBL of water, shut in casing
						Washed up equipment
2:00 PM						Left location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S.	97	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	3.6 bpm	433 psi	- bbls
Bulk #1:	Drew B	189			
Bulk #2:	Monte M	126			