

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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 34350		API # 15-207-29959	
Operator: Altavista Energy Inc.		Lease: Burghart	
Address: Box 128, Wellsville, Ks. 66092-0128		Well# AI-25	
Phone: 785-883-4057		Spud Date: 5/27/2024 Completed: 5/28/2024	
Contractor License: 33900		Location: Sec: 18 TWP: 26s R: 17e	
T.D. 718	Bite Size: 5.875	2635 FSL	
Surface Pipe Size: 7"	Surface Depth: 20'	2355 FEL	
Kind of Well: enh rec		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Broken Sand	657	660
Clay	4	17	Sandy Shale	660	665
Lime	17	55	Shale	665	718
Shale	55	162			
Lime	162	215			
Shale	215	258	TD 718'		
Lime	258	293			
Shale	293	298			
Lime	298	317	Ran 2-7/8: Pipe to 708		
Shale	317	345			
Lime	345	367			
Shale	367	374			
Lime	374	385	Cemented Surface with		
Shale	385	392	8 Sacks		
Lime	392	424			
Shale	424	429			
Lime	429	481			
Shale	481	486			
Lime	486	492			
Shale	492	608			
Lime	608	611			
Shale	611	619			
Lime	619	626			
Shale	626	633			
Lime	633	644			
Shale	644	646			
Brown Lime	646	649			
Blue Shale	649	651	Slight oil show		
Oil Sand	651	657	Good Bleed		



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Burghart #AI-25	Ticket: EP13571
City, State:	County: WO, KS	Date: 5/28/2024
Field Rep: Brian Miller	S-T-R: 18-26-17	Service: L/S

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:	EconoBond 1# PS	Blend:	
Hole Depth:	720 ft	Weight:	13.5 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	7.1 gal / sx	Water / Sx:	gal / sx
Casing Depth:	708 ft	Yield:	1.56 ft³ / sx	Yield:	ft³ / 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:	677 ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
4:00 PM			-	-	On location, held safety meeting
	4.0				Hooked to the 2 7/8" casing , Established circulation
	4.0				Mixed and pumed 200# of bentonite gel followed by 4 BBL of fresh water
	4.0				Mixed and pumped 90 sks of Econobond cement with 1# PS, Cement to surface
	4.0				Flushed pump and lines clean, displaced 1 2 7/8" with 3.8 BBL of fresh water
	1.0	800.0			Landed rubber plug with 800 PSI, well held pressure, released pressure to set float valve
	4.0				Washed up equipment
5:30 PM					Left location

	CREW		UNIT	SUMMARY		
				Average Rate	Average Pressure	Total Fluid
Cementer:	Garrett S.		97	3.5 bpm	800 psi	- bbls
Pump Operator:	Nick B		209			
Bulk #1:	Drew B		248			
Bulk #2:	Wes C		110			