

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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Miami County, KS

Well: AI-63

Lease Owner: Alta Vista Energy Inc.

TDR Construction, Inc.

(913) 710-5400

Commenced Spudding:

June 17, 2024

15-121-31,834

8-185.22e
e1957

WELL LOG

4865 FSL
2145 FEL

SE nwnw ne

Thickness of Strata	Formation	Total Depth
0-5	Soil/Clay	5
20	Lime	25
13	Shale	38
3	Lime	41
40	Shale/Red Bed	81
14	Lime	95
10	Shale	105
29	Lime	134
6	Shale	140
24	Lime	164
5	Shale	169
3	Lime	172
4	Shale	176
4	Lime/Hertha	180
28	Shale	208
2	Sand/Grey, No Oil	210
34	Sandy Shale	244
76	Shale	320
10	Sandy Lime/Odor, No Oil	330
8	Sandy Shale	338
5	Shale	343
11	Lime	354
5	Shale	359
24	Sandy Shale	383
20	Shale	403
6	Lime	409
13	Shale	422
3	Lime	425
14	Shale	439
11	Lime	450
17	Shale	467
3	Lime	469
3	Shale	472
7	Lime	479
10	Shale	489
9	Sand/Broken, OK Oil Show	498
21	Sandy Shale	519
50	Shale	569
3	Lime	572
30	Shale	592

Log Book

Well No. AI-63

Farm Owen

KS Miami
(State) (County)

8 18 22
(Section) (Township) (Range)

For Altavista Energy Inc.
(Well Owner)

**Town Oilfield
Services, Inc.**

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-5	Soil/Clay	5	
20	Lime	25	
13	Shale	38	
3	Lime	41	
40	Shale	81	Red bed
14	Lime	95	
10	Shale	105	
29	Lime	134	
6	Shale	140	
24	Lime	164	
5	Shale	169	
3	Lime	172	
4	Shale	176	
4	Lime	180	Hertha
28	Shale	208	
2	Sand	210	Grey. No oil
34	Sandy Shale	244	
76	Shale	320	
10	Sandy Lime	330	Odor. No oil
8	Sandy Shale	338	
5	Shale	343	
11	Lime	354	
5	Shale	359	
24	Sandy Shale	483	
20	Shale	403	
6	Lime	409	
13	Shale	422	

Thickness of Strata	Formation	Total Depth	Remarks
13	Shale	422	
3	Lime	425	
14	Shale	439	
11	Lime	450	
17	Shale	467	
3	Lime	469	
3	Shale	472	
7	Lime	479	
10	Shale	489	
9	Sand	498	Broken. OK oil show
21	Sandy Shale	519	
50	Shale	569	
3	Lime	572	
30	Shale	592	
2	Sand	594	Broken. Little oil show
13	Sand	607	Mostly Solid. Good oil show
5	Sand	612	Broken. Little oil show
33	Shale	645	* Perforate 594-607
22	Sand	667	Brown.
33	Sandy Lime	700	
		T.D.	* Water increase around 670'



CEMENT TREATMENT REPORT

Customer: Altavista Energy	Well: Owen AI-63	Ticket: EP13835
City, State: Wellsville, KS	County: MI, KS	Date: 6/18/2024
Field Rep: Doug Evans	S-T-R: 8-18-22	Service: Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 5/8 in	Blend:	Econobond 1# PS	Blend:	
Hole Depth:	700 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:	670 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:	639.00 ft	Excess:		Excess:	
Displacement:	3.70 bbls	Total Slurry:	21.39 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	77 sks	Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location, held safety meeting
4.0				-	established circulation
4.0				-	mixed and pumped 1/2 gal Polymer and circulated to condition hole
4.0				-	mixed and pumped 100# Bentonite Gel followed by 4 bbls fresh water
4.0				-	mixed and pumped 77 sks Econobond cement w/ 1# PS per sk, cement to surface
4.0				-	flushed pump clean
1.0				-	pumped 2 7/8" rubber plug to baffle w/ 3.70 bbls fresh water
1.0				-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve, float held
4.0				-	washed up equipment
3:45 PM				-	left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Wes Callahan	239	3.3 bpm	- psi	- bbls
Bulk:	Doug Gipson	248			
H2O:	Cooper Riley	110			