

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE



1074604

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 34350  
Name: Altavista Energy, Inc.  
Address 1: 4595 K-33 Highway  
Address 2: PO BOX 128  
City: WELLSVILLE State: KS Zip: 66092 +  
Contact Person: Phil Frick  
Phone: ( 785 ) 883-4057  
CONTRACTOR: License # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: None  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input checked="" type="checkbox"/> Workover |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD                 |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input checked="" type="checkbox"/> ENHR     |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd.          |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |  |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |  |

If Workover/Re-entry: Old Well Info as follows:

Operator: Mid-States Energy Corp.

Well Name: Trian B 2

Original Comp. Date: 06/30/1981 Original Total Depth: 751

- |   |                                   |   |                                       |
|---|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Deepening        | <input type="checkbox"/> Re-perf. | <input checked="" type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
|   |                                   | <input type="checkbox"/> Conv. to GSW             |                                       |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth _____       |   |                                       |
| <input type="checkbox"/> Commingled       | Permit #: _____                   |   |                                       |
| <input type="checkbox"/> Dual Completion  | Permit #: _____                   |   |                                       |
| <input type="checkbox"/> SWD              | Permit #: _____                   |   |                                       |
| <input type="checkbox"/> ENHR             | Permit #: _____                   |   |                                       |
| <input type="checkbox"/> GSW              | Permit #: _____                   |   |                                       |

02/15/2012

Spud Date or  
Recompletion Date

Date Reached TD

02/15/2012

Completion Date or  
Recompletion Date

API No. 15 - 15-121-22990-00-01

Spot Description: \_\_\_\_\_

SE NW NE NE Sec. 1 Twp. 17 S. R. 23 ☒ East ☐ West  
4838 Feet from ☐ North / ☒ South Line of Section  
902 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Miami

Lease Name: TRIAN B Well #: 2

Field Name: \_\_\_\_\_

Producing Formation: Cattleman

Elevation: Ground: 1041 Kelly Bushing: 1041

Total Depth: 751 Plug Back Total Depth: 751

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 751

feet depth to: 0 w/ 120 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**

☐ Letter of Confidentiality Received

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☒ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 02/21/2012

1074604

Operator Name: Altavista Energy, Inc.Lease Name: TRIAN BWell #: 2Sec. 1 Twp. 17 S. R. 23 ☒ East ☐ WestCounty: Miami

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☒ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

Gamma Ray - Neutron  
Cement Bond

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum  
Cattleman 694 +347

### CASING RECORD ☐ New ☐ 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
Surface	12.25	8.625	25	21	Portland	5	NA
Production	6.75	4.5	15	751	Portland	120	NA

### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	694-712		

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. Producing Method:  
☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

### DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease  
(If vented, Submit ACO-18.)

### METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
(Submit ACO-5) (Submit ACO-4)  
☐ Other (Specify) \_\_\_\_\_

### PRODUCTION INTERVAL: