



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1098201

Form ACO-1

June 2009

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 ☐ SIOW
- ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
- ☐ OG ☐ GSW ☐ Temp. Abd.
- ☐ 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 ENHR ☐ Conv. to SWD
- ☐ Conv. to GSW
- ☐ Plug Back: _____ Plug Back Total Depth _____
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

☐ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1098201

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
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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

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 <i>(Amount and Kind of Material Used)</i>	Depth

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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALTAVISTA ENERGY INC

NICKEL

2145 FEET FROM (N) (S) LINE 165 FEET FROM (E) (W) LINE

FINNEY DRILLING COMPANY

7/13/2012

7/16/2012

DOUG EVANS

P.B.T.D. _____

COFFEYVILLE RESOURCES

RINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	54.65	OWC	54	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1072.40	OWC	119	SERVICE COMPANY

#

1 FLOAT SHOE

1 CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	4
CLAY	4	29
SAND GRAVEL	29	36
SHALE	36	44
LIME	44	46
SHALE	46	227
LIME	227	281
SHALE	281	373
LIME	373	389
SHALE	389	397
LIME	397	412
SHALE	412	420
LIME	420	429
SHALE	429	432
LIME	432	433
SHALE	433	435
LIME	435	450
SHALE	450	452
LIME	452	482
SHALE	482	489
LIME	489	491
SHALE	491	503
RED BED	503	512
SHALE	512	521
LIME	521	523
SHALE	523	539
KC LIME	539	543
SHALE	543	546
KC LIME	546	596
SHALE	596	601
LIME	601	627
SHALE	627	631
LIME	631	648
BIG SHALE	648	785
LIME	785	788
SHALE	788	812
LIME	812	816
SAND & SHALE	816	833
LIME	833	841
SAND & SHALE	841	847

[illegible]



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 251288

Invoice Date: 07/16/2012 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

NICKEL #I-5
37382
15-22-16
07-13-2012
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	30.00		10.9500	328.50
1118B	PREMIUM GEL / BENTONITE	51.00		.2100	10.71
1111	SODIUM CHLORIDE (GRANULA	58.00		.3700	21.46
1110A	KOL SEAL (50# BAG)	150.00		.4600	69.00

Description	Hours	Unit	Price	Total
503 TON MILEAGE DELIVERY	1.00		84.12	84.12
T-106 WATER TRANSPORT (CEMENT)	1.50		112.00	168.00
666 CEMENT PUMP (SURFACE)	1.00		825.00	825.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00		4.00	180.00

Parts: 429.67 Freight: .00 Tax: 27.07 AR 1713.86
Labor: .00 Misc: .00 Total: 1713.86
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 37382

LOCATION Ottawa KS

FOREMAN Fred Magder

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/13/12	3244	Nickel # I-5	SE 15	23	16	CF
CUSTOMER						
AltaVista Energy						
MAILING ADDRESS						
4595 Highway 33						
CITY	STATE	ZIP CODE				
Wellsville	Ks	66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fremad	Safety	WMA
666	Gorman	GM	
505/7106	Jac Bir	JR	
503	Rue T. 1D	MDS	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 55' Casing Size & Weight 7"
 CASING DEPTH 55' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' +
 DISPLACEMENT 1.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 BPM

REMARKS: Establish circulation. Mix + Pump 30 sks 50/50 Pro mix Cement 2% Gel 5% Salt 5# K₂Seal/sk. Cement to Surface, Displace ~~20"~~ 7" casing clean w/1.8 BBL water. Shut in casing.

Kurt Finney Drlg.

Find Made

[illegible]

Ravin 3737

AUTHORIZTION

TITLE

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

251288



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 251386

Invoice Date: 07/23/2012 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

NICKEL I-5
37466
15-22-16
07-16-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	348.00	.2100	73.08
1111	SODIUM CHLORIDE (GRANULA	322.00	.3700	119.14
1110A	KOL SEAL (50# BAG)	700.00	.4600	322.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 TON MILEAGE DELIVERY	292.95	1.34	392.55
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	1072.00	.00	.00

Parts:	2075.22	Freight:	.00	Tax:	130.74	AR	3808.51
Labor:	.00	Misc:	.00	Total:	3808.51		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

2nd well

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37466

LOCATION Jim Green
FOREMAN Ottawa, KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
07-16-12	3244	Nickel # I-5 SE 15		22	16	CF																				
<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>669</td> <td>Jim Gre</td> <td></td> <td></td> </tr> <tr> <td>666</td> <td>Cas Ken</td> <td>CK</td> <td></td> </tr> <tr> <td>558</td> <td>Pyasir</td> <td>RS</td> <td></td> </tr> <tr> <td>4437</td> <td>Alan Bum</td> <td>44</td> <td></td> </tr> </table>							TRUCK #	DRIVER	TRUCK #	DRIVER	669	Jim Gre			666	Cas Ken	CK		558	Pyasir	RS		4437	Alan Bum	44	
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669	Jim Gre																									
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558	Pyasir	RS																								
4437	Alan Bum	44																								
CUSTOMER <u>Altavista Energy INC</u>																										
MAILING ADDRESS <u>P.O. Box 128</u>																										
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>																								

JOB TYPE <u>Long String</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1091'</u>	CASING SIZE & WEIGHT <u>2 7/8"</u>
CASING DEPTH <u>1072'</u>	DRILL PIPE <u>1042'</u>	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Held crew meeting. Established circulation. Mix and pump 100 # Premium gel to flush holes. Mix and pump 140 sk 50% Poz Mix cement with 5% SALT, 5% Koi-Seal, 2% Gel. Flush pump clean of cement. Pump 2 1/2" Rubber plug to total depth of casing. Pressure up to 700 PSI well held close water valve. Circulate cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5401	—	MILEAGE		N/C
5402	1072'	Casing footage		N/C
5407A	292.95	Ton Material	538	592.53
5502C	24K1	VAL TK		180.00
1124	140 sk	50% Poz Mix Cement		1533.00
1118B	348"	Premium Gel		73.08
1111	322"	Granulated SALT		119.14
1110A	700"	Koi-Seal		322.00
4402	1	2 1/2" Rubber Plug		28.00
				SALES TAX
				130.74
				ESTIMATED TOTAL
				3808.51

Ravin 3737

AUTHORIZATION

Butt Ferry

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

251386