



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1098229

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: _____



1098229

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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LEASE NAME: NICKEL

GEOLOGIST: DOUG EVANS

TOTAL DEPTH: 1091 P.B.T.D.

OIL PURCHASER: COFFEYVILLE RESOURCES

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	49.50	OWC	51	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1068	OWC	122	SERVICE COMPANY

RAN: 3 CENTRALIZERS

1 FLOAT SHOE

1 BAFFLE

1 CLAMP

[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 # 251385

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-6
37465
15-22-15
07-16-2012
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	44.00		10.9500	481.80
1118B	PREMIUM GEL / BENTONITE	76.00		.2100	15.96
1111	SODIUM CHLORIDE (GRANULA	101.00		.3700	37.37
1110A	KOL SEAL (50# BAG)	450.00		.4600	207.00

	Description	Hours	Unit	Price	Total
437	80 BBL VACUUM TRUCK (CEMENT)	2.00		90.00	180.00
558	TON MILEAGE DELIVERY	92.07		1.34	123.37
666	CEMENT PUMP (SURFACE)	1.00		825.00	825.00
666	EQUIPMENT MILEAGE (ONE WAY)	45.00		4.00	180.00
666	CASING FOOTAGE	49.00		.00	.00

Parts: 742.13 Freight: .00 Tax: 46.75 AR 2097.25
Labor: .00 Misc: .00 Total: 2097.25
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 37465
LOCATION Off Hwy by KR
FOREMAN Tim Green

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
07-16-12	3244	Nickel #I-6	SE 15	22	15	CF
CUSTOMER						
Alta Vista Energy INC						
MAILING ADDRESS						
PO Box 128						
CITY	STATE	ZIP CODE				
Wellsville	KS	66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
669	Jim Gree		
666	Gas Ken	CK	
437	Ala Bum	AO	
558	Ben Sin	RS	

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>49.5</u>	CASING SIZE & WEIGHT <u>2"</u>
CASING DEPTH <u>49.5</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Held crew meeting Establish circulation mix and pump
44 SIC 5750 PORMIX CEMENT, 5% SALT, 5" HO-Seal, 2% Lub. Displac.
7" work 2 BBL'S clean water circulated cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Cement Surface		825 ⁰⁰
5406	45	MILEAGE		180 ⁰⁰
5402	48'	Casing footage		N/C
5407A	92.07	Ton Mileage 558		123.37
5502C	2 HRS	80 LOC		180 ⁰⁰
1124	445lb	5450 Poz Mix Cement		481. ⁸⁰
1118B	76 ^{kg}	Premium gel		15. ⁸⁶
1111	101 ^{kg}	Granulated Salt		37. ³⁷
1110A	450 ⁺	Kel-Seal		202. ⁰⁰
			SALES TAX	46. ⁷⁵

Ravin 3727 77
122 77

SALES TAX	46.12
ESTIMATED TOTAL	2087.25
DATE	2097.25

AUTHORIZATION Ken Perry TITLE _____ DATE 2097.25
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

251385



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 # 251437

Invoice Date: 07/24/2012 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-6
37610
15-22S-16E
07-18-12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	220.00	.2100	46.20
1111	SODIUM CHLORIDE (GRANULA	250.00	.3700	92.50
1110A	KOL SEAL (50# BAG)	655.00	.4600	301.30
1123	CITY WATER	3000.00	.0165	49.50
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1118B	PREMIUM GEL / BENTONITE	100.00	.2100	21.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
637 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
667 TON MILEAGE DELIVERY	265.50	1.34	355.77

Parts: 1962.00 Freight: .00 Tax: 123.60 AR 3651.37
Labor: .00 Misc: .00 Total: 3651.37
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



TICKET NUMBER 37610
LOCATION Enleva
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
7-18-12	3244	Nuckel I-6		15	22S	16E	Coffey
CUSTOMER Alta Vista Energy							
MAILING ADDRESS 4595 Highway 33							
CITY Wellsville		STATE KS	ZIP CODE 66092	TRUCK # 445	DRIVER Cliff	TRUCK #	DRIVER
				667	Joey		
				637	Calin		

JOB TYPE <u>L/S O</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1091'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>1068'</u>	DRILL PIPE _____	TUBING <u>2 7/8"</u>	OTHER <u>PBTD. 1038'</u>
SLURRY WEIGHT <u>13.6#</u>	SLURRY VOL _____	WATER gal/sk <u>7.0</u>	CEMENT LEFT in CASING <u>30'</u>
DISPLACEMENT <u>6 Bbl</u>	DISPLACEMENT PSI <u>400</u>	MAX PSI <u>800 Bump plus</u>	RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 3 Bbl water. Pump 2 sacs gel-flush, 5 Bbl water spacer. Mixed 130 sacs SA/50 Pozmix cement w/ 2% gel. 5% salt + 5* Kal-sol/sac @ 13.6 #/gal. Shut down, washout pump + lines, stuff plug. Displace w/ 6 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 800 PSI. release pressure, float + plug held. Card cement returns to surface. Job complete. Rig down

Thank Ya

[illegible]

Bayin 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.