

## Kansas Corporation Commission Oil & Gas Conservation Division

1106469

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd.  CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #:	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 Bast West
ENHR	County: Permit #:
Spud Date or Date Reached TD Completion Date or	
Recompletion Date  Date Reached 1D  Completion Date of Recompletion Date	

#### **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:					

Side Two

1106469

Operator Name:			Lease Name:			_ Well #:			
Sec Twp	S. R	East West	County:						
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid		
Drill Stem Tests Taken (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample		
Samples Sent to Geol	ogical Survey	Yes No	Nar	ne		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
				lew Used					
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, in Weight	Setting	on, etc.  Type of	# Sacks	Type and Percent		
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives		
	I	ADDITION	NAL CEMENTING / SC	UEEZE RECORD			l .		
Purpose:	Depth	Type of Cement	# Sacks Used	Sacks Used Type and Percent Additives					
Perforate Protect Casing	Top Bottom	31							
Plug Back TD									
Plug Off Zone									
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated	Set/Type Acid, Fracture, Shot, C rated (Amount and Kin			Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (	Gas-Oil Ratio	Gravity		
DIODOGITIC	DN 05 040		METHOD OF OOLS	FTION		DDOD! IOT!	AN INTERVAL		
	ON OF GAS:	Open Hole	METHOD OF COMPI		nmingled	PRODUCTIO	ON INTERVAL:		
Vented Sold		Other (Specify)	(Submi		mit ACO-4)				

## **DRILLERS LOG**

									2000						
API NO:	15 - 031 -	23344 - 00	- 00						S.	15	T. 22	R. 1	6	<u>E.</u>	W.
OPERATOR:	ALTAVIS	TA ENERGY I	NC		_					LC	CATION:	NE I	NE N	W SE	-2
											COUNTY:	COF	FEY		
ADDRESS:	4595 K-33	3 HWY, P.O. B	OX 128, \	WELLSVIL	LE, KS 660	92					ELEV. GR.:		1037		
	/BI					2110000-2	189-191-191-191-191-191-191-191-191-191-				DF:			KB:	
WELL #:	9	<del></del>	LEASI	E NAME:	NICKEL										
FOOTAGE LOC	CATION:	2475	FEET	FROM	(N)	<u>(S)</u>	LINE _	1485	. F	EET	FROM	<u>( E</u>	<u> </u>	(W)	LINE
CONTR	RACTOR:	FINNEY DRI	LLING CO	MPANY				GEC	LOG	IST:	DOUG EV	ANS			
SPU	DATE:	8/13/20	)12					TOTAL	L DE	PTH:	1093			P.B.T.D.	

DATE COMPLETED: 8/15/2012 **CASING RECORD** 

REPORT OF ALL STRINGS - 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	41.40	OWC	57	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1072.69	OWC	132	SERVICE COMPANY

# **WELL LOG**

CORES: #1 - 1022 - 1038

RAN:

OIL PURCHASER: COFFEYVILLE RESOURCES

RECOVERED: **ACTUAL CORING TIME:** 

FORMATION	TOP	BOTTON
TOP SOIL	0	3
CLAY	3	28
SAND	28	33
GRAVEL	33	40
LIME	40	41
SHALE	41	234
LIME	234	282
SHALE	282	388
LIME	388	403
SHALE	403	426
LIME	426	436
SHALE	436	438
LIME	438	490
SHALE	490	497
LIME	497	502
RED BED	502	508
SHALE	508	543
KANSAS CITY LIME	543	599
SHALE	599	607
KC LIME	607	631
SHALE	631	636
LIME	636	651
SHALE	651	655
LIME	655	657
BIG SHALE	657	697
LIME	697	698
SHALE	698	816
LIME	816	820
SHALE	820	839
LIME	839	846
SAND & SHALE	846	900
LIME	900	905
SHALE	905	926
LIME	926	931
SHALE	931	950
LIME	950	952
SHALE	952	1020
A Contract of the Contract of		

FORMATION	TOP	BOTTOM
CAP LIME	1020	1022
SHALE	1022	1026
SAND & SHALE OIL	1026	1030
SAND SHALE	1030	1067
LIME	1067	1068
SHALE	1068	1080
LIME	1080	1082
SHALE	1082	1085
SAND & SHALE	1085	1093 T.D.
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A COMMISSION OF THE PROPERTY O		
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### **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 # \_\_\_\_\_\_

Invoice Date: 08/16/2012 Terms: 0/0/30, n/30Page

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

TON MILEAGE DELIVERY

NICKEL #9 37474 15-22-16 08-13-2012 KS

Part Number Description Qty Unit Price Total 1124 50/50 POZ CEMENT MIX 30.00 10.9500 328.50 PREMIUM GEL / BENTONITE 1118B 50.00 .2100 10.50 1111 SODIUM CHLORIDE (GRANULA 58.00 .3700 21.46 1110A KOL SEAL (50# BAG) 150.00 .4600 69.00 Description Hours Unit Price Total CEMENT PUMP (SURFACE) 368 1.00 825.00 825.00 368 EQUIPMENT MILEAGE (ONE WAY) .00 4.00 .00 .00 .00 368 CASING FOOTAGE 41.00 369 80 BBL VACUUM TRUCK (CEMENT) 90.00 135.00 1.50

\_\_\_\_\_\_

\_\_\_\_\_\_ .00 Tax: 429.46 Freight: Parts: 27.06 AR 1500.65

Labor: .00 Misc: .00 Total: 1500.65 .00 Supplies: .00 Change: .00

Signed Date

558

62.78

1.34

84.13



TICKET NUMBER\_\_\_\_ FOREMAN Blan Mao

Ravin 3737

AUTHORIZTION

		LU	.D TICKE			ORT		
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-12	3244	Nicke	1 #	9	SE 15	72	16	CF
CUSTOMER	1	<u> </u>	<del>)</del>			The state of the s		
MAILING ADDRE	J'Sty	Enensy		-			TRUCK#	DRIVER
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CITY	OUX 10	STATE	ZIP CODE		369	DOMOD	Dan	
	ille,	145	66092		558	Bre Man	BM	
		HOLE SIZE	21/4	_ HOLE DEPT	н <u>71</u>	CASING SIZE & W	EIGHT 7	
CASING DEPTH	41	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	т	SLURRY VOL		WATER gal/	sk	CEMENT LEFT in	CASING 1/e	5
DISPLACEMENT		DISPLACEMENT	PSI 200	MIX PSI		RATE 46	Pun '	
REMARKS:	DHeld c	rew M	eet E	57961	shed ro	te. M	XCD X	pumpeo
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S. 13.2 3244 Nicke # 9 SE 15 32 16 CF  CUSTOMER  ALL State Energy  MALLING ADDRESS  CITY  Wells ville  14.5 66992  JOB TYPE SAFACE HOLE SIZE 12/41  HOLE DEPTH 71 CASING SIZE & WEIGHT 7'  CASING DEPTH 41 DRILL PIPE  TUBING  SUBRY WEIGHT  SUBRY WEIGHT  SUBRY WEIGHT  SUBRY VOL  WATER BAILS  ARE 4 6000  REMARKS: MINEL CLEW Meet Established rate in CASING /25  PER Gack. Circulated Cewent. Displaced against with the code of the		21.46						
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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.

TITLE\_

252075

DATE

SALES TAX

**ESTIMATED** TOTAL



### **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 #

252131

Invoice Date: 08/17/2012 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 #9 37573 15-22-16 08-15-2012 KS

Part 1 1124 1118B 1111 1110A 4402		Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG	Qty 147.00 347.00 284.00 735.00 1.00		Total 1609.65 72.87 105.08 338.10 28.00
368 368 368 369 548	Description CEMENT PUMP EQUIPMENT MILE CASING FOOTAGE 80 BBL VACUUM TON MILEAGE DE	TRUCK (CEMENT)	Hours 1.00 45.00 1072.00 2.50 307.60	Unit Price 1030.00 4.00 .00 90.00 1.34	Total 1030.00 180.00 .00 225.00 412.18

\_\_\_\_\_\_\_ Parts: 2153.70 Freight: .00 Tax: 135.68 AR 4136.56

Labor: .00 Misc: .00 Total: 4136.56 Sublt: .00 Supplies: .00 Change: .00

Signed

Date



ticket number 37573

LOCATION OF taway

FOREMAN Alan Made

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

# FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	\A/EL I	NAME & NUME	REP.	SECTION	TOWNSHIP	RANGE	COUNTY
DATE			#9	JER	SECTION -			COUNTY
8-15-12	3244	Nickel	#4	1	105/0	<u>2</u> 2	16	100
CUSTOMER	ista Er	nergy		1	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	Ss	7	-14	1	516	AlaMas	Satety	Meet
POBO	× 128				363	AN MID	AKM	77.0.0
CITY		STATE	ZIP CODE		369	Den Mag	1770	
Welts	1:11e	K5	66092		548	Mik Hon	MH	-
0110	ns string		3/8	HOLE DEPTI	H 1090	CASING SIZE & V	VEIGHT 27	8
CASING DEPTH	2,500	DRILL PIPE		TUBING			OTHER buff	le 1042
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT In		GWES.
DISPLACEMENT	7	DISPLACEMENT	PSI 800	MIX PSI	200	RATE_ 4 &	pon	
REMARKS:	110	u meet	JEGA	11.1	ed inste	M: val	& Dum	Deck
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Ravin 3737						1.00	ESTIMATED	4112/1
AUTHODITTICS	Dans	Ti		TITLE			TOTAL	71763
AUTHORIZTION	1			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.