



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1107561

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1107561

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
(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:

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

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILLERS LOG

API NO: 15 - 031 - 23318 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: 1 - 13

LEASE NAME: SAUDER

FOOTAGE LOCATION: 1815 FEET FROM (N) (S) LINE 4455 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

SPUD DATE: 10/10/2012

DATE COMPLETED: 10/12/2012

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	50.45	OWC	58	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1085.87	OWC	145	SERVICE COMPANY

WELL LOG

CORES: #1 - 1018 - 1032

RECOVERED:

ACTUAL CORING TIME:

1 CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	29
SAND & GRAVEL	29	36
LIME	36	38
SHALE	38	228
LIME	228	251
SHALE	251	252
LIME	252	285
SHALE	285	366
LIME	366	383
SHALE	383	389
LIME	389	393
SHALE	393	423
LIME	423	485
SHALE	485	500
RED BED	500	510
SHALE	510	530
SAND & SHALE	530	547
KC LIME	547	601
SHALE	601	608
KC LIME	608	632
SHALE	632	635
KC LIME	635	651
BIG SHALE	651	812
LIME	812	815
SHALE	815	832
LIME	832	840
SAND & SHALE	840	850
LIME	850	851
SHALE	851	870
LIME	870	873
SHALE	873	900
LIME	900	902
SHALE	902	924
LIME	924	927
SHALE	927	971
LIME	971	972
SHALE	972	1015

[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 # 253620

Invoice Date: 10/12/2012 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

SAUDER I-13
35059
14-22-16
10-10-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	10.9500	438.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2100	14.07
1111	SODIUM CHLORIDE (GRANULA	84.00	.3700	31.08
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

	Description	Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495	CASING FOOTAGE	51.00	.00	.00
503	TON MILEAGE DELIVERY	83.70	1.34	112.16

Parts: 575.15 Freight: .00 Tax: 36.24 AR 1863.55
Labor: .00 Misc: .00 Total: 1863.55
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



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 35059

LOCATION Officer KS

FOREMAN Carey Kennedy
PORT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY																				
10/10/12	3244	Sander # I-13		SW 14	22	16	CO																				
CUSTOMER Altavista Energy				<table><tr><th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr><tr><td>481</td><td>Cas Ken</td><td>✓</td><td>Sally Keating</td></tr><tr><td>495</td><td>Kei Car</td><td>✓</td><td></td></tr><tr><td>503</td><td>Dan Det</td><td>✓</td><td></td></tr><tr><td>369</td><td>Der Mes</td><td>✓</td><td></td></tr></table>				TRUCK #	DRIVER	TRUCK #	DRIVER	481	Cas Ken	✓	Sally Keating	495	Kei Car	✓		503	Dan Det	✓		369	Der Mes	✓	
TRUCK #	DRIVER	TRUCK #	DRIVER																								
481	Cas Ken	✓	Sally Keating																								
495	Kei Car	✓																									
503	Dan Det	✓																									
369	Der Mes	✓																									
MAILING ADDRESS PO Box 128																											
CITY Wellsville		STATE KS	ZIP CODE 66092																								

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 51' CASING SIZE & WEIGHT 7"
 CASING DEPTH 51' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3'
 DISPLACEMENT 2 bbl's DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm
 REMARKS: held safety meeting, established circulation, mixed & pumped 40 sks
50/50 Pozmix cement w/ 27% gel, 5% salt, & 5 # Kaolreal per sk, cement to
surface, displaced cement w/ 2 bbl's fresh water, shut in casing.

[illegible]

Revln 3737

AUTHORIZATION No CG Rep on location

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

253620



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 # 253687

Invoice Date: 10/17/2012 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

SAUDER I-13
34962
14-22-16
10-12-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	157.00	10.9500	1719.15
1118B	PREMIUM GEL / BENTONITE	364.00	.2100	76.44
1111	SODIUM CHLORIDE (GRANULA	330.00	.3700	122.10
1110A	KOL SEAL (50# BAG)	785.00	.4600	361.10
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
510 TON MILEAGE DELIVERY	328.52	1.34	440.22
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	1086.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts: 2306.79 Freight: .00 Tax: 145.33 AR 4057.34
Labor: .00 Misc: .00 Total: 4057.34
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



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 34962
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/12/12	3244	Sauder #I-13	SW 14	22	16	CO
CUSTOMER						
Alta Vista						
MAILING ADDRESS						
PO Box 128						
CITY	STATE	ZIP CODE				
Wellsville	KS	66097				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cosken	✓	Safety Meeting
6666	Gar Mao	✓	
510	Set Tue	✓	
675	Kei Del	✓	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1092'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>1086'</u>	DRILL PIPE	TUBING <u>baffle - 1060'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>26'</u>
DISPLACEMENT <u>6.116 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.56 bpm</u>
REMARKS: <u>held safely waiting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls water, mixed & pumped 157 sks 50/50 Pozmix cement w/ 2% gel, 3% salt, & 5 # K₂O seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.116 bbls fresh water, pressured to ROC PSI, released pressure, shut in casing.</u>			

13+9

[illegible]

Ravin 3737

AUTHORIZATION John L. 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.

25368-