



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1107565

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: _____

1107565

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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DRILLERS LOG

API NO: 15 - 031 - 23319 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

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

WELL #: 1 - 15

LEASE NAME: SAUDER

FOOTAGE LOCATION: 1485 FEET FROM (N) (S) LINE 4125 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

SPUD DATE: 10/5/2012

DATE COMPLETED: 10/9/2012

GEOLOGIST: DOUG EVANS

TOTAL DEPTH: 1092 P.B.T.D.

OIL PURCHASER: COFFEYVILLE RESOURCES

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	49	OWC	57	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1080	OWC	148	SERVICE COMPANY

WELL LOG

CORES: #1 - 1017 - 1032

RECOVERED: _____
CORING TIME: _____

ACTUAL CORING TIME:

RAN: 1 FLOATSHOE

1 BAFFLE

3 CENTRALIZERS

1 CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	4
CLAY	4	27
SAND GRAVEL	27	42
LIME	42	44
SHALE	44	228
LIME	228	274
SHALE	274	367
LIME	367	369
SHALE	369	372
LIME	372	397
SHALE	397	419
LIME	419	482
SHALE	482	502
LIME	502	506
RED BED	506	512
SHALE	512	542
LIME	542	543
SHALE	544	545
KC LIME	545	600
SHALE	600	605
LIME	605	606
SHALE	606	610
LIME	610	624
SHALE	624	630
LIME	630	650
BIG SHALE	650	809
LIME	809	812
SAND & SHALE	812	829
LIME	829	838
SHALE	838	870
LIME	870	873
SHALE	873	897
LIME	897	903
SHALE	903	924
LIME	924	928
SHALE	928	944
LIME	944	946
SHALE	946	970
LIME	970	973
SHALE	973	977
LIME	977	979
SHALE	979	1013.5

[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 # 253517

Invoice Date: 10/09/2012 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-15
34956
14-22-16
10-05-2012
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
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
558	TON MILEAGE DELIVERY	83.70	1.34	112.16
666	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
666	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666	CASING FOOTAGE	49.00	.00	.00

Parts: 575.15 Freight: .00 Tax: 36.24 AR 1683.55
Labor: .00 Misc: .00 Total: 1683.55
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



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

TICKET NUMBER 34956

LOCATION Ottawa, KS

FOREMAN Casey Kennedy
PORT

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/5/12	3244	Sander # I-15	SW 14	22	16	CO
CUSTOMER Atavista Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casey Ken	✓ Safety Meeting	
6666	Gar Mon	✓	
558	Bre Man	✓	
370	Kel Car	✓	

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>49'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>49'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>4'</u>
DISPLACEMENT <u>2 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 40 sacks 950
Permian cement w/ 27% gel, 5% salt, + 5# Halseal per sk, cement to surface,
displaced cement w/ 2 bbls fresh water, shot in casing.

[illegible]

Ravin 3737

SALES TAX	36.24
ESTIMATED TOTAL	1683.55

AUTHORIZATION No Co 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.

25351-



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 # 253621

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-15
35060
14-22-16
10-10-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	165.00	10.9500	1806.75
1118B	PREMIUM GEL / BENTONITE	377.00	.2100	79.17
1111	SODIUM CHLORIDE (GRANULA	347.00	.3700	128.39
1110A	KOL SEAL (50# BAG)	825.00	.4600	379.50
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	1080.00	.00	.00
503 TON MILEAGE DELIVERY	345.26	1.34	462.65

Parts: 2421.81 Freight: .00 Tax: 152.58 AR 4247.04
Labor: .00 Misc: .00 Total: 4247.04
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 35060
LOCATION Ottawa, KS
FOREMAN Casey Kennedy
CPT

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1092'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>1080'</u>	DRILL PIPE _____	TUBING <u>baffle - 1050'</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>30'</u>
DISPLACEMENT <u>6.1 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5.5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 165 sks 5% Pozmix cement w/ 2% gel, 5% salt, + 5# Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.1 bbls water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

[illegible]

Bayin 3737

AUTHORIZATION No Co 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.

253621