



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1107567

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: _____

1107567

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 (Amount and Kind of Material Used)	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 (Explain) _____		
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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 253398

Invoice Date: 10/08/2012 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-16
34954
14-22-16
10-03-2012
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	35.00		10.9500	383.25
1118B	PREMIUM GEL / BENTONITE	59.00		.2100	12.39
1111	SODIUM CHLORIDE (GRANULA	74.00		.3700	27.38
1110A	KOL SEAL (50# BAG)	175.00		.4600	80.50

	Description	Hours	Unit	Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	1.50		90.00	135.00
475	TON MILEAGE DELIVERY	73.24		1.34	98.14
666	CEMENT PUMP (SURFACE)	1.00		825.00	825.00
666	EQUIPMENT MILEAGE (ONE WAY)	.00		4.00	.00
666	CASING FOOTAGE	42.00		.00	.00

Parts: 503.52 Freight: .00 Tax: 31.71 AR 1593.37
Labor: .00 Misc: .00 Total: 1593.37
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

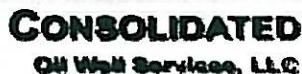
PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Casey Kennedy
OPT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/3/12	3244	Sauder # I-16	SW 14	22	16	CO
CUSTOMER						
Alta Vista Energy						
MAILING ADDRESS						
PO Box 128						
CITY	STATE	ZIP CODE				
Wellsville	KS	66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	4C	
6666	Gar Moo	GM	
475	Mer Rob	MR	
369	Mik Hag	MH	

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 42' CASING SIZE & WEIGHT 7"
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
 DISPLACEMENT 1.6 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm
 REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 50/50
Pozmix cement w/ 2% gel, 5% salt, & 5# Kalsand per sk, cement to surface,
displaced cement w/ 1.6 bbls fresh water, shut in
casing.

[illegible]

Rayin 3737

AUTHORIZATION No Co Rep on location

TITLE

DATE _____

**ESTIMATED
TOTAL**

1593.37

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.

253398



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 # 253516

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-16
34955
14-22-16
10-05-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	159.00	10.9500	1741.05
1118B	PREMIUM GEL / BENTONITE	367.00	.2100	77.07
1111	SODIUM CHLORIDE (GRANULA	334.00	.3700	123.58
1110A	KOL SEAL (50# BAG)	795.00	.4600	365.70
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 TON MILEAGE DELIVERY	332.71	1.34	445.83
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
666 CASING FOOTAGE	1070.00	.00	.00

Parts:	2335.40	Freight:	.00	Tax:	147.14	AR	4318.37
Labor:	.00	Misc:	.00	Total:	4318.37		
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



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 34955

LOCATION Ottawa KS

FOREMAN Casey Kennedy
 OPT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
10/5/12	3244	Sauder # I-16		SW 14	22	16	CO
CUSTOMER							
Attacista Energy							
MAILING ADDRESS							
PO Box 128							
CITY		STATE	ZIP CODE	TRUCK #		DRIVER	
Wellbville		KS	66092	481		Casken	
				Lelke		Garman	
				558		Breman	
				370		KeiCar	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1092'</u>	CASING SIZE & WEIGHT <u>27/8" EVE</u>
CASING DEPTH <u>1070'</u>	DRILL PIPE <u>running baffle - 1043</u>	OTHER _____	
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>27'</u>
DISPLACEMENT <u>6.06 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4.5 bpm</u>
REMARKS: <u>held slake, meeting, established circulation, mixed + pumped 100 # Premium G.O.L followed by 10 bbls fresh water, mixed + pumped 159 sks ^{also} Premium cement w/ 27% gel, 3% salt, + 5 # Kolserol per sk, cement to surface, flushed pump clean pumped 2 1/2" rubber plug to connecting baffle w/ 6.06 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.</u>			

[illegible]

Rayin 3737

AUTHORIZATION No Co Rep on location TITLE _____ DATE _____ TOTAL 4318.51

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:

2535/6