

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1187273

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
List All E. Logs Run:					

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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

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. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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	23	44.80	OWC	53	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1077	OWC	120	SERVICE COMPANY

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	20
SAND & GRAVEL	20	43
SHALE	43	195
LIME	195	244
SAND & SHALE	244	325
LIME	325	354
SHALE	354	357
LIME	357	384
SHALE	384	393
LIME	393	474
RED BED SHALE	474	481
SHALE	481	501
LIME	501	505
SHALE	505	513
LIME	513	575
SHALE	573	579
LIME	579	602
SHALE	602	606
LIME	606	625
SHALE	625	636
SAND & SHALE	636	640
SHALE	640	780
LIME	780	785
SHALE	785	792
LIME	792	799
SHALE	800	812
LIME	812	819
SHALE	819	846
LIME	846	849
SHALE	849	879
LIME	879	887
SHALE	887	903
LIME	903	908
SHALE	908	910
SAND & SHALE	910	921
LIME	921	925
SHALE	925	943
LIME	943	945
SHALE	945	947
LIME	947	950
SHALE	950	959

[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 # 262299

Invoice Date: 09/16/2013 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

WILFRED LEHMANN AI-1
42468
NE 23-22-16
09-12-2013
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	40.00		11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	68.00		.2200	14.96
1111	SODIUM CHLORIDE (GRANULA	78.00		.3900	30.42
1110A	KOL SEAL (50# BAG)	200.00		.4600	92.00

Description	Hours	Unit	Price	Total
495 CEMENT PUMP (SURFACE)	1.00		870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00		4.20	.00
495 CASING FOOTAGE	45.00		.00	.00
558 TON MILEAGE DELIVERY	94.16		1.41	132.77
675 80 BBL VACUUM TRUCK (CEMENT)	1.50		90.00	135.00

Parts: 597.38 Freight: .00 Tax: 36.74 AR 1771.89
Labor: .00 Misc: .00 Total: 1771.89
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
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 42468
LOCATION Ottawa KS
FOREMAN Fred Madur

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.12.13	3244	Wilfred Lehmann # AI-1	10 E 23	22	16	CF
CUSTOMER						
Altavista Energy Inc						
MAILING ADDRESS						
P.O. Box 128						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wellsville	KS	66092	712	Fremad		
			495	HayBee		
			675	KelDex		
			558	maxCoe		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>45'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>45'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>10' +</u>
DISPLACEMENT <u>1.8</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5-8 PM</u>

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing.
Mix + Pump 40 sacks 50/58 poe mix Cement 2% Gel 5% Salt
5# Kol Seal / sk. Cement to Surface Displace 7" casing
clean w/ 1 1/2 BBL water - Shut in casing.

Kort Finney Drilling.

[illegible]

Revin 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.



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 # 262420

Invoice Date: 09/19/2013 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

WILFRED LEHMANN AI-1
42497
NE 23-22-16
09-16-2013
KS

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	141.00		11.5000	1621.50
1118B	PREMIUM GEL / BENTONITE	337.00		.2200	74.14
1111	SODIUM CHLORIDE (GRANULA	272.00		.3900	106.08
1110A	KOL SEAL (50# BAG)	705.00		.4600	324.30
4402	2 1/2" RUBBER PLUG	1.00		29.5000	29.50

Description	Hours	Unit	Price	Total
368 CEMENT PUMP	1.00		1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00		4.20	189.00
368 CASING FOOTAGE	1077.00		.00	.00
548 TON MILEAGE DELIVERY	295.04		1.41	416.01
675 80 BBL VACUUM TRUCK (CEMENT)	2.00		90.00	180.00

Parts: 2155.52 Freight: .00 Tax: 132.55 AR 4158.08
Labor: .00 Misc: .00 Total: 4158.08
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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

262420

TICKET NUMBER 42497

LOCATION Ottawa

FOREMAN Alan Mader

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
9-16-03	3244	Wilfred Lehmann AT-10E 23	23	22	16	CF
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>				

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Safety Met	
368	Ar Mad		
675	Kei Det		
548	Mikita		

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 1083 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 1077 DRILL PIPE _____ TUBING _____ OTHER 1047
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 1/85
DISPLACEMENT 6.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 141 sk 50/50 cement plus 270 gal, 570 salt, 5# Kolseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Finney

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	45	MILEAGE	368	18720.00 ✓
5402	1077	casing footage	368	— ✓
5407A	295.04	ton miles	548	416.01 ✓
5502L	2	80 v9c	675	180.00 ✓
1124	141	50/50 cement		1621.50 ✓
1180	337 #	gel		74.14 ✓
111	272 #	salt		106.08 ✓
110A	705 #	Kolseal		324.32 ✓
11402	1	2 1/2 plug		29.50 ✓
completed				
SALES TAX				132.55 ✓
ESTIMATED TOTAL				4158.08 ✓

Ravin 3737

no company rep

AUTHORIZATION

Jim OK'd

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.