



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187307
OIL & GAS CONSERVATION DIVISION

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
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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: _____

1187307

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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)*

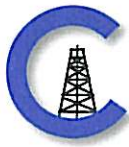
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 *(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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	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 # 263043

Invoice Date: 10/10/2013 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

SETTLEMAYER 2-A
44728
SE 14-22-16
10-07-2013
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
548 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



CONSOLIDATED
Oil Well Services, LLC

263043

TICKET NUMBER 44728

LOCATION Ottawa KS

FOREMAN Fred Maden

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			
10-7-13	3244	Settlemyer # 2-A	SE 1/4	22	16	CF			
CUSTOMER Altavista Energy Inc									
MAILING ADDRESS P.O. Box 128									
CITY Wellsville		STATE KS	ZIP CODE 66092						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		712		Fred Mad					
		495		Har Bee					
		675		Kie Def					
		548		Mik Haa					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 45' CASING SIZE & WEIGHT 7"
 CASING DEPTH 45' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 1.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 RPM

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing.
Mix + Pump 40 Sk 50/50 Per Mix Cement 2% Gel 5% Salt
5# Kol Seal/sk. Cement to surface. Displace 7" casing clean
w/ 1.75 BBL Water shut in casing.

Kurt Finney Drilling

Fred Maden

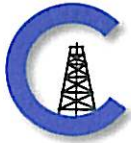
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE <u>Surface</u>	495	670 ⁰⁰
5406	—	MILEAGE		N/C
5402	45	Casing Footage		N/C
5407A	94.16	Ten Miles		13272
5502C	1 1/2 hr	80 BBL Vac Truck.		13500
1124	40 S15	50/50 Per Mix Cement		460 ⁰⁰
1118B	68*	Premium Gel		1496
1111	78*	Granulated Salt		3042
1110A	200*	Kol Seal		92 ⁰⁰
			6.15%	SALES TAX
				3674
				ESTIMATED TOTAL
				1791 ⁰⁰

completed

Revin 3737

AUTHORIZATION Har Jr. 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 # 263068

Invoice Date: 10/14/2013 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

SETTLEMEYER #2A
42373
SE 14-22-16
10-09-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	155.00	11.5000	1782.50
1118B	PREMIUM GEL / BENTONITE	360.00	.2200	79.20
1111	SODIUM CHLORIDE (GRANULA	299.00	.3900	116.61
1110A	KOL SEAL (50# BAG)	775.00	.4600	356.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
510	TON MILEAGE DELIVERY	324.34	1.41	457.32
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
666	CASING FOOTAGE	1105.00	.00	.00

Parts: 2364.31 Freight: .00 Tax: 145.39 AR 4376.02
 Labor: .00 Misc: .00 Total: 4376.02
 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

263068

TICKET NUMBER 42373
LOCATION Ottawa, KS
FOREMAN Casper Kennedy

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
10/9/13	3244	Settlemeyer # 2A	SE 14	22	10	CO
CUSTOMER Attawista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			481	Casper	✓	Safety Meeting
CITY Wellsville			6660	Carl Moo	✓	
STATE KS			510	Set Tex	✓	
ZIP CODE 66602			370	Jas Ric	✓	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 1121 CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 1105' DRILL PIPE _____ TUBING baffle - 1025' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
DISPLACEMENT 6.22 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 6.22 bbls

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 16 bbls fresh water, mixed & pumped 155 sks 5/50 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kal seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle with 6.22 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	45 mi	MILEAGE		189.00 ✓
5402	1105'	casing footage		— ✓
5407A	324.338	ton mileage		457.32 ✓
5502C	1.5 hrs	80 Vac		135.00 ✓
1124	155 sks	5/50 Pozmix cement		1782.50 ✓
1118E	360 #	Premium Gel		79.20 ✓
1111	299 #	Salt		116.61 ✓
1110A	775 #	Kal seal		356.50 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			6.15%	SALES TAX
				145.39 ✓
				ESTIMATED TOTAL
				4376.02 ✓

completed

Ravin 3737

AUTHORIZATION Harvey was there 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.