

Conf	identia	lity I	Requested:
Ye	es	No)

Kansas Corporation Commission Oil & Gas Conservation Division

1187320

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 #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R
Address 2:			Feet	from North / South Line of Sectio
City: St	ate: Zip	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	earest Outside Section Corner:
Phone: ()			□ NE □ NW	☐ SE ☐ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Fee
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Fee
Operator:				nent circulated from:
Well Name:			, ,	w/sx cm
Original Comp. Date:			loot doparto.	
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbl
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	auled offsite:
☐ ENHR	Permit #:		One water Name .	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	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 Approved by: Date:

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

DRILLERS LOG

			,					28					
API NO:	15 - 031 -	23618 - 0	0 - 00		•				S. 14	T. 22	R. 16	<u>E.</u> _	W.
OPERATOR:	ALTAVIS'	TA ENERG	Y INC		·					LOCATION:	SE NE	SW SE	
ADDRESS:	4595 K-33	3 HWY, P.O	. BOX 128,	WELLSVIL	LE, KS 66	092				COUNTY: ELEV. GR.:	COFFEY 1050		
WELL #:	I - 4B	•	LEAS	E NAME:	SETTLEM	YER		_		DF:		КВ:	
OOTAGE LOO	CATION:	825	FEET	FROM	(N)	<u>(S)</u>	LINE	1490	FE	ET FROM	<u>(E)</u>	(W)	LINE
CONTI	RACTOR:	FINNEY D	RILLING CO	OMPANY		•		GEO	DLOGIS	T: DOUG E	/ANS		
SPU	D DATE:	10/9/	2013					TOTA	L DEPTI	H: <u>1110</u>	_	P.B.T.D.	
DATE COM	PLETED:	10/11	/2013	C	ASING	RECOR	חס	OIL PUR	CHASE	R: COFFEYVIL	LE RESOUR	CES CRUDE 1	FRANSPORTATIO
REPORT (OF ALL STI	RINGS - SU	RFACE, IN					- :					
	OF STRING			NG SET (in			DEPTH	TYPE CEMENT	SACK	S TYPE	AND % AD	DITIVES	
SURFACE:		12.2500	7	7	19	44	.80	OWC	59	SERVICE	COMPAN	Ý	1

1100.75

WELL LOG

6.5

CORES: #1 - 1017 - 1032

5.8750

2.8750 8rd

RECOVERED: **ACTUAL CORING TIME:**

PRODUCTION:

RAN: 1 - FLOAT SHOE

59

132

SERVICE COMPANY

SERVICE COMPANY

OWC

OWC

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	28
GRAVEL	28	35
CLAY	35	40
SHALE	40	216
LIME	216	267
SHALE	267	341
LIME	341	367
SHALE	367	377
LIME	377	392
SHALE	392	420
LIME ,	420	486
SHALE	486	527
LIME	527	597
SHALE	597	603
LIME	603	627
SHALE '	627	631
LIME	631	644
SHALE	644	750
SAND & SHALE	750	811
LIME	811	817
SAND & SHALE	817	830
LIME	830	841
SAND & SHALE	841	844
LIME	844	847
SAND & SHALE	847	898
LIME	898	901
SAND & SHALE	901	924
LIME	924	927
SAND & SHALE	927	944
LIME	944	949
SAND & SHALE	949	969
LIME	969	974
SAND & SHALE	974	981
LIME	981	985
SHALE	985	1015
CAP LIME	1015	1016
SHALE	1016	1018
CAP LIME OIL	1018	1019
SAND & SHALE OIL	1019	1022
		1

FORMATION	TOP	BOTTOM
SHALE	1022 1066	1066 1068
LIME	1066	1068
SHALE	1068	1110 T.D.
T-1 0-30-		
3355		
	-	
		Part Part T
		V 10 EB CO. N
1.03 10.00		
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310 00 4 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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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 #

263069

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 I-4B

44688

SE 14-22-16

10-09-2013

KS

=======================================				
Part Number		Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1111	SODIUM CHLORIDE (GRANULA	77.00	.3900	30.03
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00
	iption	Hours	Unit Price	Total
	L VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
	ILEAGE DELIVERY	83.70	1.41	118.02
	T PUMP (SURFACE)	1.00	870.00	870.00
A Marine Color Agent Color Col	MENT MILEAGE (ONE WAY)	.00	4.20	.00
666 CASIN	G FOOTAGE	44.00	.00	.00

596.77 Freight: Parts: .00 Tax: 36.71 AR 1756.50 Labor: .00 Misc: .00 Total: 1756.50

Sublt: .00 Supplies: .00 Change: .00

BARTLESVILLE, OK 918/338-0808

Signed

Date



263069

LOCATION BER 44

LOCATION BEAUS KS

FOREMAN Casey Knied

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

FIELD TICKET & TREATMENT REPORT CEMENT

				OLINE	141			
DATE	CUSTOMER#	WE	LL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/9/13	3244	Settle	never #	= I-4B	SE 14	22	16	CO
CUSTOMER	,		7		发展的			
Altac	sista Enece	74			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS -	,,			481	Cocken	1 Cortan	reating
90 B	BE128				666	GacHon	1	eering _
CITY		STATE	ZIP CODE	7	50	Set Tuc	1./	
Wolls	مالان	KS	66092	l	370	JasRic		
JOB TYPE SL	- 311	HOLE SIZE	12/4"	 HOLE DEP1	47.44		WEIGHT 7"	
CASING DEPTH		DRILL PIPE	16/1		In17	CASING SIZE &		
				TUBING			OTHER	
SLURRY WEIGH	- 11/	SLURRY VOL		WATER gal	/sk	CEMENT LEFT IN	CASING 3	
DISPLACEMEN	T1.7 665	DISPLACEMEN	NT PSI	_ MIX PSI		RATE 4.5	Som	
REMARKS: Le		maesing	establis	hed circ	ulation u	rised +	Augus and	40 sts
5%50 Pos	zuiz cein	ent last	29 00	5%	Salt 5#	Kal scal	per sk,	
La confec	o the die	dead	course +	11/17	bbls frest	To Jean		
D JEV INE	4 Day 013	shaceco c	emen	47 1.7	- ppi> Well	uder,	Shert in C	asing.
	1788		- Losson			· · · · · · · · · · · · · · · · · · ·		
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					Topic office in the	7)		
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	- MI	===				10)	/	
ACCOUNT	QUANITY	or HMITO		FOODIDTIO			I	
CODE	U QUANTITY	OLDMIIO	i D	EOURIPHON O	of SERVICES or PRO	DDUCT	LINIT POICE	TOTAL

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PROD	DUCT	UNIT PRICE	TOTAL
3401S	1	PUMP CHARGE			870 00
5406	on lease	MILEAGE		19-	
5400	441	casing footage			
5502C	1.5 hrs	80 Vac			135 00
5407A	83.7	ton vileage			118.02
1124	40 sts	50/50 Poznie gement			460.00
11188	67, #	Premium Gel		* .	14.74
((1)	77 #	Salt			30.03
1110A	200 #	Kolseal			93.00
0820a					
					b
			я		
			ा दिश	Cambi	
					g.
in 3737			61590	SALES TAX	36.71
4 2 4 2 5	1/4			ESTIMATED TOTAL	1756.5
THORIZTION_	Harvey was The	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.



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 #

263173

Invoice Date:

10/15/2013

Terms: 0/0/30,n/30

Page

1

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128

SETTLEMEYER 1-4B 42471

W1/2 SE1/4 14-22-16 10-11-2013

KS

WELLSVILLE KS 66092 (785)883-4057

Part Number Description Qty Unit Price Total 1124 50/50 POZ CEMENT MIX 152.00 11.5000 1748.00 1118B PREMIUM GEL / BENTONITE 358.00 .2200 78.76 1111 SODIUM CHLORIDE (GRANULA 292.00 .3900 113.88 1110A KOL SEAL (50# BAG) 752.00 .4600 345.92 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 EQUIPMENT MILEAGE (ONE WAY) 368 45.00 4.20 189.00 368 CASING FOOTAGE .00 1100.00 .00 80 BBL VACUUM TRUCK (CEMENT) 369 1.50 90.00 135.00 TON MILEAGE DELIVERY 503 318.06 1.41 448.46

Parts: 2316.06 Freight: .00 Tax: 142.42 AR 4315.94 Labor: .00 Misc: .00 Total: 4315.94

Sublt: .00 Supplies: .00 Change: .00

Signed

Date



263173

TICKET NUMBER_	42471
LOCATION DY	tawa Ks
FOREMAN TIM	breen

ESTIMATED

Ravin 3737

	hanute, KS 6672 or 800-467-8676		CEM	EAIMENIKEP IENT	OKI		
DATE	CUSTOMER#	WELL NAM	E & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-11-13 CUSTOMER 1	3244	Settlemy	er 4/4B	W45E4114	22	16	CF
H	HOUUSta	a Energy		TRUCK#	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	1 1	120		669	Jim Gre		
CITY	10. Box	STATE ZID	CODE	365	AM mo		
Well	1 1/	STATE ZIP C	ODE	369 503	Der Mas		-
JOB TYPE 524	ongstrang	HOLE SIZE	3/8LE DE		CASING SIZE & W	EIGHT 2	1/2
CASING DEPTH		102				OTHER	
SLURRY WEIGH	IT	SLURRY VOL	WATER	gal/sk	CEMENT LEFT In	Section - Section -	
DISPLACEMENT	•	DISPLACEMENT PSI_	MIX PŞI_		RATE		
REMARKS: /	teld creu	Meeting.	#51061	ish Circu	lation M	ix and	Dump
100 # 6	d tof	hish hole.	Mixand	Pump 152	SK SUZSO	Poz MI	& Comm
WHY 2	of bel	24×01-50	al 59,5	alt. Circ	ulayed CE	ement ?	60 Surfec
Flush	Oump CI	car of Co	ement. Pr	uno 25"	Rubber	0/44	to tors
death'	of Cason	4. Pressu.	re UBTO	800 # PSZ	well he	10 9800	2 6-
flout	<u>'. </u>		<u> </u>				
		.,					
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTIO	N of SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
53/01		PUMI	P CHARGE C	ement Lo.	ng String	9	10850
5406		MILE.	AGE Ceme	ent Pump			189 00
5407A	3/8	06 -	Ton Miles	ige			448, 461
5502C	1,5	THRS 1	The TK				13500
5402	1100		Casingfo	itage	374120		NII
			- /		M8. W. V.		
1124	152	5k 50	30 /02 /A	ix Conecu	97		1748. V
111813	358	- XL	romium o	, ,			78.76
1111	292		214	57 10		X	113,88 0
1104	752	4 1/	0/- Seal 12 1/ Ru Da				345,921
1110A 4402	-//-	72	1/ Punh	ner Plus			393, 721
7/02		——————————————————————————————————————	2 74 1/2	1109			2959
							-
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					1 120	- 60mph	3 D Par 118
	170-000 H				0.5		1
		-		Anniana a company	No. 10.000	SALES TAX	142,42
	and the second s				Separat	SALES IAX	174,42

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.