

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1187679

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: _____

1187679

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

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 <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. ☐ Commingled <i>(Submit ACO-5)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

DRILLERS LOG

API NO: 15 - 031 - 23710 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

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

WELL #: 1 - 9

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

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: DOUG EVANS

SPUD DATE: 10/23/2013

TOTAL DEPTH: 1112 P.B.T.D.

DATE COMPLETED: 10/28/2013

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

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	44.80	OWC	57	SERVICE COMPANY
PRODUCTION:	5.85	2.8750 Bnd	6.5	1105	OWC	127	SERVICE COMPANY

WELL LOG

CORES: #1 - 1007 - 1019

RECOVERED:

ACTUAL CORING TIME:

RAN: 1 - FLOAT SHOE

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	31
GRAVEL	31	42
SHALE	42	215
LIME	215	274
SHALE	274	366
LIME	366	383
SHALE	383	393
LIME	393	400
SHALE	400	412
LIME	412	446
SHALE	446	450
LIME	450	474
SHALE	474	488
LIME	488	491
RED SHALE	491	502
SHALE	502	512
LIME	512	517
SHALE	517	532
LIME	532	592
SHALE	592	599
LIME	599	631
SHALE	631	635
LIME	635	646
SHALE	646	648
LIME	648	650
SHALE	650	803
LIME	803	819
SHALE	819	821
LIME	821	831
SHALE	831	862
LIME	862	864
SHALE	864	892
LIME	892	899
SHALE	899	917
LIME	917	922
SHALE	922	937
LIME	937	941
SHALE	941	957
LIME	957	962
SHALE	962	968
LIME	968	972

[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 # 263476

Invoice Date: 10/28/2013 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

MARY THOMAS I-9
44745
NW 23-22-16
10-23-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1111	SODIUM CHLORIDE (GRANULA	77.00	.3900	30.03
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
368 CASING FOOTAGE	44.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
548 TON MILEAGE DELIVERY	83.70	1.41	118.02

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



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 # 263575

Invoice Date: 10/30/2013 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

MARY THOMAS I-9
44805
NW 23-22-16
10-28-2013
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



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

263575

TICKET NUMBER 44805

LOCATION Alhwa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/28/13	3244	Mary Thomas #I-9	Nw 23	22	16	CB
CUSTOMER						
Altavista Energy						
MAILING ADDRESS						
PO Box 128						
CITY	STATE	ZIP CODE				
Wellsville	KS	66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Carson	✓ Safety Mapping	
606	Gardner	✓	
510	Set Luc	✓	
370	Kei Car	✓	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1112' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 1105' DRILL PIPE _____ TUBING 6 1/2" - 1075' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____

DISPLACEMENT 6.226615 DISPLACEMENT PSI MIX PSI RATE 4.56 rpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 155 lbs 5% Portland cement w/ 5% gel, 5% salt, & 5 # ~~per~~ per sk, cement to surface, ~~the~~ flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 1000 bbls fresh water, pressured to 800 psi, released pressure, shut in casing.

B7D

[illegible]

Ravin 3737

AUTHORIZATION

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.