



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210249
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: _____

1210249

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> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Early AI-4
Lease Owner:Altavista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
04/21/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	soil/clay	4
106	sand	110
92	shale	218
4	lime	222
9	shale	231
13	lime	244
8	shale	252
7	lime	259
6	shale	265
20	lime	285
28	shale	313
18	lime	331
5	shale	336
7	sand	343
62	shale	405
22	lime	427
15	shale	442
9	lime	451
17	shale	468
5	sand	473
2	shale	475
12	lime	492
5	shale	497
1	lime	498
12	shale	510
6	lime	516
1	lime and crystal	517
16	lime	523
9	shale	542
22	lime	564
5	shale	569
3	lime	572
3	shale	575
6	lime	581
6	shale	587
2	sand	589
1	sandy shale	590
8	sand	598
102	shale	700
11	sand	711

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No.

AI-4

Farm

Early

KS
(State)

Douglas
(County)

11
(Section)

15
(Township)

20
(Range)

For

Altavista

(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-4	Soil-Clay	4	
106	Sand	110	
92	Shale	218	
4	Lime	222	
9	Shale	231	
13	Lime	244	
8	Shale	252	
7	Lime	259	
6	Shale	265	
20	Lime	285	Shells
28	Shale	313	
18	Lime	331	Shells
5	Shale	336	
7	Sand	343	No Oil
62	Shale	405	
22	Lime	427	
15	Shale	442	
9	Lime	451	
17	Shale	468	
5	Sand	473	
2	Shale	475	
12	Lime	492	
5	Shale	497	
1	Lime	498	
12	Shale	510	
6	Lime	516	
1	Lime & Crystal	517	

517

Thickness of Strata	Formation	Total Depth	Remarks
16	Lime	533	
9	Shale	542	
22	Lime	564	
5	Shale	569	
3	Lime	572	
3	Shale	575	
6	Lime	581	
6	Shale	587	Heather
2	Sand	589	No Oil
1	Sandy Shale	590	
8	Sand	598	No Oil
10	Shale	700	
11	Sand	711	No Oil
21	Shale	732	
10	Shale & Lime	742	
12	Shale	754	
8	Lime	762	
6	Shale	768	
5	Lime	773	
8	Shale	781	
9	Lime	790	
13	Shale	803	
4	Lime	807	
11	Shale	818	
4	Shale & Lime	822	
3	Lime	825	
5	Shale & Lime	830	

830

Thickness of Strata	Formation	Total Depth	Remarks
13	Shale	843	
1	Lime	844	
8	Shale	852	
1	Lime	853	
2	Shale	855	
2	Lime	857	
25	Shale	882	
4	Coal	886	
4	Sand	890	Broken - OK Saturation
8	Sand	898	Solid - Good Saturation
4	Sand	902	Broken - Good Saturation
1	Sandy Shale	903	Broken
1	Lime	904	
47	Shale	951	
2	Lime	953	
4	Sandy Shale	957	
5	Sand	962	No Oil
4	Sand	966	Broken
2	Sand	968	No Oil
32	Shale	1000	TD



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 267595

Invoice Date: 04/24/2014 Terms: 0/30/10,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

EARLY AI-4
47113
NE 11-15-20
04-21-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	45.00	11.5000	517.50
1118B	PREMIUM GEL / BENTONITE	76.00	.2200	16.72
1111	SODIUM CHLORIDE (GRANULA	87.00	.3900	33.93
1110A	KOL SEAL (50# BAG)	225.00	.4600	103.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-201.50

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	122.00	.00	.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 1973.68 if paid after 05/04/2014

Parts:	671.65	Freight:	.00	Tax:	33.62	AR	1757.77
Labor:	.00	Misc:	.00	Total:	1757.77		
Sublt:	-201.50	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

267595

TICKET NUMBER 47113

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-21-17	3244	Early # AI-4	NE 11	15	20	DG

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy	712	Fred Mad		
	495	Har Bes		
	369	Der Mas		
	548	Mik Hoa		

CUSTOMER	STATE	ZIP CODE
Alta Vista Energy	KS	66092

CITY	STATE	ZIP CODE
Wellsville	KS	66092

JOB TYPE Surface HOLE SIZE 9 7/8 HOLE DEPTH 126' CASING SIZE & WEIGHT 7'
 CASING DEPTH 122' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' +
 DISPLACEMENT 4.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing. Mix + Pump 45% 1/2" 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush ~~7"~~ casing clean with 4.5 BBL water. Shut in casing.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement 495	870 ⁰⁰	1000⁰⁰
5406	-	MILEAGE		N/C
5402	122'	Casing footage		N/C
54070	1/2 Minimum	Ten Miles 548		184 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		200 ⁰⁰
1124	45 sks	50/50 Poz Mix Cement	517 ⁵⁰	
1118B	76#	Premium Gel	162 ²²	
1111	87#	Granulated Salt	339 ³⁰	
1110A	225#	Kol Seal	103 ⁵⁰	1000⁰⁰
		Material	671 ⁶⁵	
		Less 30%	-201 ⁵⁰	
		Total Material		470 ¹⁵
			1973.68	
			715	
			SALES TAX	33 ⁶²
			ESTIMATED TOTAL	1757 ⁷²

completed

Ravin 3737

ok'd by J. Green

AUTHORIZATION No Co Rep on Site.

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 # 267596

Invoice Date: 04/24/2014 Terms: 0/30/10,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

EARLY AI-4
47114
NE 11-15-20
04-22-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	11.5000	1552.50
1118B	PREMIUM GEL / BENTONITE	327.00	.2200	71.94
1111	SODIUM CHLORIDE (GRANULA	261.00	.3900	101.79
1110A	KOL SEAL (50# BAG)	675.00	.4600	310.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-611.02

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495 CASING FOOTAGE	965.00	.00	.00
548 MIN. BULK DELIVERY	.50	368.00	184.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 3813.28 if paid after 05/04/2014

Parts:	2089.86	Freight:	.00	Tax:	105.73	AR	3158.57
Labor:	.00	Misc:	.00	Total:	3158.57		
Sublt:	-611.02	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

267596

TICKET NUMBER 47114
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-14	3244	Early # AI-4	NE 11	15	20	DG

CUSTOMER Altavista Energy
MAILING ADDRESS P.O. Box 128
CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
675	Ki Det		
548	Mik Haa		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1000' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 965' DRILL PIPE Baffle in TUBING 935 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 5.44 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 1/2 Gal HE-100 Polymer flush. Circulate well to condition hole. Mix + Pump 100# Gel Flush. Mix + Pump 135 sks 50/50 for mix Cement 2% Gel 5% Salt 5# Kal Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 500 # PSI. Release pressure to set float valve. Shut in Casing.

TOS Drilling - Greg Perry Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1025.00 ✓
5406	25 mi	MILEAGE	495	105.00 ✓
5402	965'	Casing Footage		N/C ✓
5407	1/2 Minimum	Ten Miles	548	184.40 ✓
5502C	2 hrs	50 BBC Vac Truck	675	200.00 ✓
1124	135 sks	50/50 for Mix Cement	1552.50	✓
118B	327#	Premium Gel	71.24	✓
1111	261#	Granulated Salt	101.79	✓
110A	675#	Kal Seal	310.50	✓
		Material	2036.23	✓
		less 30%	611.02	✓
		Total Material		1425.21
4402	1	2 1/2" Rubber Plug		29.50 ✓
1401	1/2 Gal	HE-100 Polymer		23.63 ✓
			3813.28	
			7.1520	SALES TAX
				105.73 ✓
				ESTIMATED TOTAL
				3158.57 ✓

completed

Ravin 3737 AUTHORIZATION Bryan Miller 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 for