



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210255
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: _____

1210255

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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-6
Lease Owner:AltaVista

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

Commenced Spudding:
4/9/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
45	Sand	51
145	Shale	196
6	Lime	202
5	Shale and Lime	207
3	Shale	210
14	Lime	224
8	Shale	232
7	Lime	239
6	Shale	245
18	Lime	263
11	Shale	274
4	Sand	278
8	Shale	286
3	Sandy Shale	289
5	Shale	294
19	Lime	313
5	Sandy Shale	318
7	Sand	325
62	Shale	387
22	Lime	409
16	Shale	425
8	Lime	433
16	Shale	449
3	Sand	452
1	Sand	453
3	Sand	456
18	Lime	474
5	Shale	479
1	Lime	480
13	Shale	493
23	Lime	516
8	Shale	524
24	Lime	548
4	Shale	552
3	Lime	555
4	Shale	559
5	Lime	564
6	Shale	570
8	Sand	578

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 $BPH \times PSI \times .0004$

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-6

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
0-6	Soil - Clay	6	
45	Sand	51	
145	Shale	196	
6	Lime	202	
5	Shale & Lime	207	
3	Shale	210	
14	Lime	224	
8	Shale	232	
7	Lime	239	
6	Shale	245	
18	Lime	263	Shells
11	Shale	274	
4	Sand	278	No Oil
8	Shale	286	
3	Sandy Shale	289	
5	Shale	294	
19	Lime	313	Shells
5	Sandy Shale	318	
7	Sand	325	No Oil
62	Shale	387	
22	Lime	409	
16	Shale	425	
8	Lime	433	
16	Shale	449	No Oil
3	Sand	452	Odor - Slight show No Oil
1	Sand	453	Odor - Slight show
3	Sand	456	No Oil

450

Thickness of Strata	Formation	Total Depth	Remarks
18	Lime	474	
5	Shale	479	
1	Lime	480	
13	Shale	493	
23	Lime	516	
8	Shale	524	
24	Lime	548	
4	Shale	552	
3	Lime	555	
4	Shale	559	
5	Lime	564	
6	shale	570	Heitha
8	Sand	578	
2	Sandy Strate Shale	580	Odor
64	Shale	644	
13	Sandy Shale	657	
26	Shale	683	
12	Sand & Sandy Shale	695	No Oil
43	Shale	738	
8	Lime	746	
6	Shale	752	
3	Lime	755	
10	Shale	765	
8	Lime	773	
14	Shale	787	
3	Lime	790	
7	Shale	797	



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 # 267323

Invoice Date: 04/14/2014 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-6
47040
NE 11-15-20
04-09-2014
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	11.5000	345.00
1118B	PREMIUM GEL / BENTONITE	51.00	.2200	11.22
1111	SODIUM CHLORIDE (GRANULA	58.00	.3900	22.62
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-134.35

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	72.00	.00	.00
503 MIN. BULK DELIVERY	.50	368.00	184.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 1733.86 if paid after 04/24/2014

=====

Parts:	447.84	Freight:	.00	Tax:	22.41	AR	1589.90
Labor:	.00	Misc:	.00	Total:	1589.90		
Sublt:	-134.35	Supplies:	.00	Change:	.00		

=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

267323

TICKET NUMBER 47040

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-14	3244	Early # A.I. 6	NE 11	15	20	D6

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy MAILING ADDRESS P.O. Box 128 CITY Wellsville STATE KS ZIP CODE 66092	712	Fred Mad		
	368	Art McD		
	675	Kei Det		
	503	Kei Cor		

JOB TYPE Surface HOLE SIZE 9 1/4 HOLE DEPTH 75 CASING SIZE & WEIGHT 7"
 CASING DEPTH 22' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 2.2500 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold a crew safety meeting. Establish pump rate thru 7" casing.
Mix + Pump 30 sks 50/50 Por Mix Cement 2% Gel 5% Salt 5#
Kol Seal/sk. Cement to surface. Displace 7" casing
clean w/ 2.25 BBL water. Shot in casing.

TOS Drilling - Greg.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface Cement	368	870.00 ✓
5406	-	MILEAGE		N/C ✓
5402	22	Casing footage		N/C ✓
5407	1/2 Minimum	Ton Miles	503	184.00 ✓
5502C	2hrs	80 BBL Vac Truck	675	200.00 ✓
1124	30 sks	50/50 Por Mix Cement	345.00	✓
1118B	51 #	Premium Gel	11.23	✓
1111	58 #	Granulated Salt	22.62	✓
1110A	150 #	Kol Seal	68.00	✓
		Material	447.84	✓
		Less 30%	-134.33	✓
		Total Material		313.51
			1733.80	

completed

Ravin 3737
 AUTHORIZATION Bryan Mills TITLE _____ DATE _____
 SALES TAX 22.41
 ESTIMATED TOTAL 1589.90

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



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 # 267324

Invoice Date: 04/14/2014 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-6
47046
NE 11-15-20
04-10-2014
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
1401	HE 100 POLYMER	.50	47.2500	23.63

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-637.81

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
368 CASING FOOTAGE	969.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 3937.96 if paid after 04/24/2014

Parts:	2179.15	Freight:	.00	Tax:	110.21	AR	3254.55
Labor:	.00	Misc:	.00	Total:	3254.55		
Sublt:	-637.81	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

267324

TICKET NUMBER 47046
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 684, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-14	3244	Early AT-6	NE 11	15	20	DG
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			730	AlaMad	Safety	Meat
CITY STATE ZIP CODE Wellsville KS 66092			368	Arl McD		
			369	Der Mas		
			548	Kei Car		

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 1000 CASING SIZE & WEIGHT 2 3/8
CASING DEPTH 969 DRILL PIPE _____ TUBING _____ OTHER bf 936
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.66 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 42 gal polymer. Circulated into clean pt. Mixed & pumped 100# gel followed by 141 sk 50/50 cement plus 2 1/2 gal 50% salt 3# 15olseal per sack. Circulated cement. Flushed pump. Pumped plug to casing before well held 800 PSI. Set float. Closed valve.

TDS, Greg

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	365	1085.00
5706	20	MILEAGE	368	8400
5702	969	casing footage	368	18400
5707	1/2 min	ton miles	548	250.00
5502L	2 1/2	80 var	369	1491.71
1124	141	50/50 cement	1621.50	229.50
1118B	337#	gel	74.14	23.63
1111	272#	salt	106.08	29.50
1112A	705#	15olseal	324.30	23.63
		Material sub	2131.02	
		less 30% -	637.81	
		Material total		1491.71
4402	1	2 1/2 plug		29.50
1401	1/2 gal	polymer		23.63
		completed	3937.96	
		SALES TAX		110.21
		ESTIMATED TOTAL		3254.55

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 form.