



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210256
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: _____

1210256

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Early AI-~~27~~7
Lease Owner: Altavista

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

Commenced Spudding:
04/08/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	soil-clay	4
24	sand	28
2	lime	30
37	sand	67
1	lime	68
50	shale	118
7	sandy shale	125
89	shale	214
5	lime	219
5	shale and lime	224
4	shale\	228
13	lime	241
8	shale	249
7	lime	256
6	shale	262
22	lime	284
7	shale	291
4	sand and sandy shale	295
15	shale	310
20	lime	330
3	shale	333
6	sand	339
3	sandy shale	342
61	shale	403
22	lime	425
16	shale	441
8	lime	449
24	shale	473
17	lime	490
5	shale	495
1	lime	496
13	shale	509
23	lime	532
10	shale	542
21	lime	563
5	shale	568
3	lime	571
4	shale	575
6	lime	584
3	shale	584

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-7

Farm Early

KS Douglas
(State) (County)

11 15 20
(Section) (Township) (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	
24	Sand	28	
2	Lime	30	
37	Sand	67	
1	Lime	68	
50	Shale	118	
7	Sandy Shale	125	
89	Shale	214	
5	Lime	219	
5	Shale & Lime	224	
4	Shale	228	
13	Lime	241	
8	Shale	249	
7	Lime	256	
6	Shale	262	
22	Lime	284	Shells
7	Shale	291	
4	Sand & Sandy Shale	295	No Oil
15	Shale	310	
20	Lime	330	Shells
3	Shale	333	
6	Sand	339	No Oil
3	Sandy Shale	342	
61	Shale	403	
22	Lime	425	
16	Shale	441	
8	Lime	449	

449

Thickness of Strata	Formation	Total Depth	Remarks
24	Shale	473	
17	Lime	490	
5	Shale	495	
1	Lime	496	
13	Shale	509	
23	Lime	532	
10	Shale	542	
21	Lime	563	
5	Shale	568	
3	Lime	571	
4	Shale	575	
6	Lime	581	
3	Shale	584	Mertha
6	Sand	590	No Oil
7	Sandy Shale	597	
99	Shale	695	
11	Sand	706	
5	Sandy Shale	711	
40	Shale	751	
6	Lime	757	
6	Shale	763	
6	Lime	769	
5	Shale	774	
9	Lime	783	
2	Shale & Lime	785	
11	Shale	796	
3	Lime	799	



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 # 267253

Invoice Date: 04/10/2014 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 ~~AS~~ A1-7
47038
NW 11-15-20
04-08-2014
KS

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
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 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 04/20/2014

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 _____

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

267253

TICKET NUMBER 47038

LOCATION Ottawa KS

FOREMAN Fred Mader

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
4.8.14	3244	Early # A.I.-7	NW 11	15	20	DG

CUSTOMER <u>Alta Vista Energy</u>		
MAILING ADDRESS <u>P.O. Box 128</u>		
CITY <u>Wellsville</u>	STATE <u>Ks</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
675	Ki Det		
503	Mat Roc		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>9 1/2</u>	HOLE DEPTH <u>74'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>72'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>10' +</u>
DISPLACEMENT <u>2.75</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.3 PM</u>

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing.
Mix + Pump 30 sks 50/50 Por Mix Cement 27% Gel 5% Salt
5# Kol Seal/sk. Cement to surface. Displace 7" casing clean
w/ 2.75 BBL Water. Shut in casing.

TDS Drilling. Greg

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>	495	870 ⁰⁰ ✓
5406		MILEAGE		N/C ✓
5402	72'	Casing footage		N/C ✓
5407	1/2 minimum	Ton Miles	503	184 ⁰⁰ ✓
5502C	2 hrs	80 BBL vac Truck	675	200 ⁰⁰ ✓
1124	30sks	50/50 Por Mix Cement	345 ⁰⁰	✓
1116B	51#	Premium Gel	11 ²²	✓
1111	58#	Granulated Salt	22 ⁶²	✓
1110A	150#	Kol Seal	69 ⁰⁰	✓
		Material	447 ⁵⁴	
		less 30%	-134 ³⁵	
		Total Material		313 ⁴⁹
			1733.86	
			7.62	22 ⁴¹ ✓
				1589 ⁹⁰ ✓

completed

Ravin 3737

AUTHORIZATION Bryan Mills 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 # 267321

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-7
47039
NE 11-15-20
04-09-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	319.00	.2200	70.18
1111	SODIUM CHLORIDE (GRANULA	252.00	.3900	98.28
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
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	-588.74

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
368 CASING FOOTAGE	990.00	.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 3733.71 if paid after 04/24/2014

Parts:	2015.59	Freight:	.00	Tax:	102.03	AR	3102.88
Labor:	.00	Misc:	.00	Total:	3102.88		
Sublt:	-588.74	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267321

TICKET NUMBER 47039

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
4-9-14	3244	Early # A.I. - 7	NE 11	15	20	DG
CUSTOMER <u>Alta Vista Energy Inc</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>6</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>712</u>	<u>Fred Mad</u>			
		<u>368</u>	<u>Art Mad</u>			
		<u>675</u>	<u>Ken Day</u>			
		<u>503</u>	<u>Ken Car</u>			

JOB TYPE hangstrom HOLE SIZE 5 7/8 HOLE DEPTH 1020 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 990 DRILL PIPE Baffle in TUBING @ 959 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3' + Plug
 DISPLACEMENT 5.58 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 bpm.

REMARKS: Hold safety meeting. Establish pump rate. Pump 1/2 Gal HE-100
Polymer + Circulate to condition hole. Mix + Pump 100# Gal
Flush. Mix + Pump sks 50/50 Poz 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 800#. Release pressure to set float valve. Show in Casing

TOS Drilling - Greg.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	25	MILEAGE	368	105 ⁰⁰
5402	990'	Casing footage		N/C
5407	1/2 minimum	Ten Miles	503	184 ⁰⁰
5582C	2 hrs	80 BBL Vac. Truck	675	200 ⁰⁰
1124	130 sks	50/50 Poz Mix Cement	1495 ⁰⁰	
1118B	319#	Premium Gel	70 ¹⁸	
1111	252#	Granulated Salt	98 ²³	
1110A	650#	Kal Seal	299 ⁰⁰	
		Material	1962 ⁴⁶	
		Less 30%	-588 ⁷⁴	
		Total Material		1373 ⁷²
4402	1	2 1/2" Rubber Plug	27 ⁵⁰	27 ⁵⁰
1401	1/2 Gal	HE-100 Poly. Ther		23 ⁵³
			3733.71	
		SALES TAX		102 ⁰³
		ESTIMATED TOTAL		3102 ⁸⁸

completed

Ravin 3737

AUTHORIZATION Bryan Maden

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.