



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210262
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
-----------------------------------	-----------------	---

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: _____

1210262

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: _____ _____
--	---	---

Douglas County, KS
 Well: Early A-1
 Lease Owner: Altavista

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

Commenced Spudding:
 04/17/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-2	soil/clay	2
55	sand	57
1	lime	58
142	shale	200
6	lime	206
7	shale	213
12	lime	225
9	shale	234
8	lime	242
6	shale	248
17	lime	265
12	shale	277
3	sand	280
17	shale	297
18	lime	315
5	sandy shale	320
9	sand	329
60	shale	389
22	lime	411
15	shale	426
8	shale and lime	431
4	lime	435
21	shale	456
3	sand and sandy shale	459
18	lime	477
4	shale	481
1	lime	482
13	shale	495
5	lime	500
1	lime and crystal	501
17	lime	518
8	shale	526
24	lime	550
4	shale	554
3	lime	557
4	shale	561
5	lime	566
5	shale	571
3	sand	574
8	sandy shale	582

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. A1

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
02	Soil-clay	2	
55	Sand	57	
1	Lime	58	
142	Shale	200	
6	Lime	206	
7	Shale	213	
12	Lime	225	
9	Shale	234	
8	Lime	242	
6	Shale	248	
17	Lime	265	Shells
12	Shale	277	
3	Sand	280	No Oil
17	Shale	297	
18	Lime	315	Shells
5	Sandy Shale	320	
9	Sand	329	No Oil
60	Shale	389	
22	Lime	411	
15	Shale	426	
8	Shale & Lime	434	
4	Lime	438	
21	Shale	459	
3	Sand & Sandy Shale	462	Odor
18	Lime	480	
4	Shale	484	
1	Lime	485	

482

Thickness of Strata	Formation	Total Depth	Remarks
13	Shale	485	
5	Lime	500	
1	Lime & Crystal	501	Odor
17	Lime	518	
8	Shale	526	
24	Lime	550	
4	Shale	554	
3	Lime	557	
4	Shale	561	
5	Lime	566	Herthel
5	Shale	571	
3	Sand	574	
8	Sandy Shale	582	
40	Shale	622	
32	Sand & Sandy Shale	654	No Oil
31	Shale	685	
2	Sandy Lime	687	
12	Sand	699	No Oil
39	Shale	738	
7	Lime	745	
7	Shale	752	
2	Lime	754	
9	Shale	763	
5	Lime	768	
17	shale	785	
3	Lime	788	
4	Shale	792	

792

Thickness of Strata	Formation	Total Depth	Remarks
6	Sand & Sand Shale	798	Odor
7	Shale	805	
2	Lime	807	
6	Shale & Lime	813	
20	Shale	833	
2	Lime	835	
5	Shale	840	
2	Lime	842	
3	Shale	845	
4	Sand	849	Broken Poor Saturation
3	Sand	852	Solid Good Saturation
4	Sand	856	Broken Good Saturation
9	Sand	865	Solid Good Saturation
7	Sand	872	Broken Good Saturation
23	Sand	895	Solid Great Saturation
49	Shale	944	(Pref Bottom 20')
3	Lime	947	
6	Shale	953	
7	Sand	960	
19	Shale	979	
1	Sand	980	No Oil
2	Sand	982	Solid
2	Sand	984	Broken
6	Sand	990	Solid
90	Shale	1080	TD



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 # 267529

Invoice Date: 04/23/2014 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 A-1
47022
NE 11-15-20
04-17-2014
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	84.00	.3900	32.76
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-179.85

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
510 MIN. BULK DELIVERY	.50	368.00	184.00
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 EQUIPMENT, MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	86.00	.00	.00

Amount Due 1846.36 if paid after 05/03/2014

Parts:	599.50	Freight:	.00	Tax:	30.00	AR	1653.65
Labor:	.00	Misc:	.00	Total:	1653.65		
Sublt:	-179.85	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267529

TICKET NUMBER 47022

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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
4/17/14	3244	Early # A-1	NE 11	15	20	DG

CUSTOMER
Altavista Energy

MAILING ADDRESS
PO Box 128

CITY Wellsville STATE KS ZIP CODE 666092

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cashen	✓ Safety Meeting	
6666	Gar Moo	✓	
510	Set Tex	✓	
370	Jas Ric	✓	

JOB TYPE surface HOLE SIZE 10" HOLE DEPTH 87' CASING SIZE & WEIGHT 7"

CASING DEPTH 86' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8'

DISPLACEMENT 3.25 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 40 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kol seal per sk, cement to surface, ~~displaced cement w/ 3.25 bbls fresh water, shut in casing.~~

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870.00 ✓
5406	on lease	MILEAGE		✓
5402	86'	casing footage		✓
5407	1/2 minimum	ton mileage		184.00 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	40 sks	50/50 Pozmix cement	4160.00 ✓	
1118B	67 #	Premium Gel	14.74 ✓	
1111	84 #	Salt	32.76 ✓	
1110A	200 #	Kolseal	92.00 ✓	
		materials	599.50	
		- 30%	179.85 ✓	
		subtotal		419.65
				1846.36
				7.52
			SALES TAX	30.00 ✓
			ESTIMATED TOTAL	7653.65 ✓

Ravin 3737

completed

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 # 267526

Invoice Date: 04/23/2014 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 A-1
47076
NE 11-15-20
04-18-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	318.00	.2200	69.96
1111	SODIUM CHLORIDE (GRANULA	251.00	.3900	97.89
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-588.56

	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	1060.00	.00	.00
369	80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
503	MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 3636.73 if paid after 05/03/2014

Parts:	1991.35	Freight:	.00	Tax:	100.30	AR	3006.09
Labor:	.00	Misc:	.00	Total:	3006.09		
Sublt:	-588.56	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267526

TICKET NUMBER 47076

LOCATION Ottawa

FOREMAN Alan Made

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
4-18-14	3244	Early A-1	NE 11	15	30	OG
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			730 <u>Alan Mad</u> 542 <u>Safety Meet</u>			
CITY <u>Wellsville</u>			368 <u>Br Wkd</u>			
STATE <u>KS</u>			369 <u>Der Mad</u>			
ZIP CODE <u>66092</u>			503 <u>Kei Car</u>			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1080 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1060.00 DRILL PIPE _____ TUBING _____ OTHER BY 1030.05
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5.99 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed and pumped 100# gel to flush hole followed by 130 gk 50/50 cement plus 2% gel, 5% salt, 5# Kalseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOS, Greg

Alan Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1285.00 ✓
5406	20	MILEAGE	368	84.00 ✓
5402	1060.00	Casing footage	368	— ✓
5407	1/2 mi	ten miles	503	184.00 ✓
5502C	1 1/2	80 vac	369	150.00 ✓
1124	130	50/50 cement	1495.10	✓
1118B	318#	gel	69.96	✓
1111	251#	salt	97.89	✓
1110A	650#	Kalseal	299.00	✓
		Material sub less 30%	196.85	✓
		material total	-588.56	✓
4402	1	2 1/2 plug		1373.29 ✓
				29.50 ✓
				3636.73 ✓
			SALES TAX	100.30 ✓
			ESTIMATED TOTAL	3006.09 ✓

Flavin 3737

completed

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