



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210265
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: _____

1210265

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 A-3
Lease Owner: Altavista

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

Commenced Spudding:
04/07/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	soil-clay	4
62	sand	66
1	lime	67
8	shale	75
6	shale and lime	51
137	shale	218
5	lime	223
3	sand and sandy shale	226
1	lime	227
3	shale	230
14	lime	240
7	shale	251
7	lime	258
8	shale	265
20	lime	285
23	shale	308
4	sand and sandy shale	312
19	lime	331
4	shale	335
7	sand	342
62	shale	404
22	lime	426
18	shale	444
6	lime	450
16	shale	466
6	sandy shale	472
18	lime	490
6	shale	496
3	shale and lime	499
11	shale	510
6	lime	516
2	lime	518
1	shale	519
13	lime	532
10	shale	542
22	lime	564
4	shale	568
4	lime	572
4	shale	576
5	lime	581

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. A-3

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	
62	Sand	66	
1	Lime	67	
8	Shale	75	
6	Shale & Lime	81	
137	Shale	218	
5	Lime	223	
3	Sand & Sandy Shale	226	
1	Lime	227	
3	Shale	230	
14	Lime	244	
7	Shale	251	
7	Lime	258	
8	Shale	265	
20	Lime	285	Shells
23	Shale	308	
4	Sand & Sandy Shale	312	No Oil
19	Lime	331	
4	Shale	335	
7	Sand	342	No Oil
62	Shale	404	
22	Lime	426	
18	Shale	444	
6	Lime	450	
16	Shale	466	
6	Sandy Shale	472	
18	Lime	490	

490

Thickness of Strata	Formation	Total Depth	Remarks
6	Shale	496	
3	Shale & Lime	499	
11	Shale	510	
6	Lime	516	
2	Lime	518	
1	Shale	519	Oil-
13	Lime	532	
10	Shale	542	
22	Lime	564	
4	Shale	568	
4	Lime	572	
4	Shale	576	
5	Lime	581	
5	Shale	586	Hertha
12	Sandy & Sandy Shale	598	
104 10	Shale	702	No Oil
5	Sand	707	
5	Sandy Shale	712	No Oil
27	Shale	739	
3	Lime	742	
13	Shale	755	
6	Lime	761	
7	Shale	768	
4	Lime	772	
6	Shale	778	
3	Lime	781	
9	Shale Lime	790	



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 # 267206

Invoice Date: 04/08/2014 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-3
42776
SE 3-15-20
04-07-2014
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	20.00	11.5000	230.00
1118B	PREMIUM GEL / BENTONITE	34.00	.2200	7.48
1111	SODIUM CHLORIDE (GRANULA	39.00	.3900	15.21
1110A	KOL SEAL (50# BAG)	100.00	.4600	46.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-89.61

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	70.65	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
548 MIN. BULK DELIVERY	.50	368.00	184.00

Amount Due 1524.05 if paid after 04/18/2014

Parts:	298.69	Freight:	.00	Tax:	14.95	AR	1428.03
Labor:	.00	Misc:	.00	Total:	1428.03		
Sublt:	-89.61	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

267206

TICKET NUMBER 42776
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
4-7-14	32441	Early A-3	SE 3	15	2D	OG
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			730 Al Mad Safety Meet			
CITY STATE ZIP CODE Wellsville KS 66092			368 Al Mad			
			369 Der Mag			
			548 Mik Hag			

JOB TYPE Surface HOLE SIZE 9 7/8 HOLE DEPTH 72 CASING SIZE & WEIGHT 7"
CASING DEPTH 70.65 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 3 DISPLACEMENT PSI 100 MIX PSI _____ RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 50/50 cement plus 2% gel, 5% salt, 5# Kolseal per sack. Circulated cement. Displaced casing with clean water. Closed valve.

TDS, GRS

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	368	870.00 ✓
5406	—	MILEAGE	368	— ✓
5402	70.65	casing footage	368	— ✓
5407	1/2 min	ton miles	548	184.00 ✓
55021	1 1/2	80 gal	369	150.00 ✓
1124	20	50/50 cement	230.00 ✓	
1118B	34#	gel	7.48 ✓	
1111	39#	salt	15.21 ✓	
1110A	100#	Kolseal	46.00 ✓	
		Material sub.	298.69	
		less 30% —	89.61 ✓	
		Material total		209.08
			1524.05	
		SALES TAX		14.95 ✓
		ESTIMATED TOTAL		1428.03 ✓

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 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 # 267252

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 #3
47036
SE 11-15-20
04-08-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	133.00	11.5000	1529.50
1118B	PREMIUM GEL / BENTONITE	324.00	.2200	71.28
1111	SODIUM CHLORIDE (GRANULA	257.00	.3900	100.23
1110A	KOL SEAL (50# BAG)	665.00	.4600	305.90
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-602.07

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	916.00	.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 3756.02 if paid after 04/20/2014

Parts:	2036.41	Freight:	.00	Tax:	102.56	AR	3110.90
Labor:	.00	Misc:	.00	Total:	3110.90		
Sublt:	-602.07	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267252

TICKET NUMBER 47036

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 # 3	SE 11	15	20	DG
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			712 FroMad			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			495 HarBec			
			675 Ki Dat			
			508 Max Coc			

JOB TYPE Long string HOLE SIZE 5 7/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8 50F
 CASING DEPTH 916' DRILL PIPE Baffle in tubing 889 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25' x Plug
 DISPLACEMENT 5,168 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 133 SKS 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

TAS Drilling - Greg

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	25 mi	MILEAGE	495	105 ⁰⁰ ✓
5402	916	Casing footage		N/C ✓
5407	1/2 minimum	Ten Miles	503	184 ⁰⁰ ✓
5502C	2 hrs	80 BBL Vac Truck	695	200 ⁰⁰ ✓
1124	133 SKS	50/50 Por Mix Cement	1529 ⁵⁰	✓
118B	324#	Premium Gel	71 ²⁵	✓
1111	257#	Granulated Salt	100 ³³	✓
1110A	665#	Kol Seal	305 ⁰⁰	✓
		Material	2006 ⁹¹	
		less 30%	- 602 ⁰⁷	
		Total material		1404 ⁸⁴
4409	1	2 1/2" Rubber Plug		29 ⁵⁰ ✓
		completed	3756 ⁰²	
		7.15%	SALES TAX	102 ⁵⁶ ✓
			ESTIMATED TOTAL	3110 ⁹⁰ ✓

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