



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210269
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: _____

1210269

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 A-4
Lease Owner: AltaVista

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

Commenced Spudding:
4/16/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	Soil-Clay	5
86	Sand	91
4	Lime	95
113	Shale	208
5	Lime	213
4	Shale	217
5	Shale	222
12	Lime	234
9	Shale	243
7	Lime	250
6	Shale	256
20	Lime	276
14	Shale	290
7	Sand	297
7	Shale	304
18	Lime	322
13	Sand	335
60	Shale	395
22	Lime	417
12	Shale	429
6	Shale	435
7	Lime	442
17	Shale	459
4	Sandy Shale	463
19	Lime	482
4	Shale	486
1	Lime	487
13	Shale	500
6	Lime	506
2	Lime	508
1	Shale	509
14	Lime	523
7	Shale	530
24	Lime	554
4	Shale	558
1	Lime	559
69	Shale	565
5	Lime	570
6	Shale	576
10	Sand	586

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-4

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
0-5	Soil - Clay	5	
86	Sand	91	
4	Lime	95	
113	Shale	208	
5	Lime	213	
4	Shale & Lime	217	
5	Shale	222	
12	Lime	234	
9	Shale	243	
7	Lime	250	
6	Shale	256	
20	Lime	276	Shells
14	Shale	290	
7	Sand & Sand Shale	297	No Oil
7	Shale	304	
18	Lime	322	Shells
13	Sand & Sandy Shale	335	No Oil
60	Shale	395	
22	Lime	417	
12	Shale	429	
6	Shale & Lime	435	
7	Lime	442	
17	Shale	459	
4	Sandy Shale	463	Odor
19	Lime	482	
4	Shale	486	
1	Lime	487	

487

Thickness of Strata	Formation	Total Depth	Remarks
13	Shale	500	
6	Lime	506	
2	Lime	508	
1	Lime Shale	509	White crystal, Oil - Oil Bleed
14	Lime	523	
7	Shale	530	
24	Lime	554	
4	Shale	558	
1	Lime	559	
6	Shale	565	
5	Lime	570	Hertha
6	Shale	576	
10	Sand	586	No Oil
3	Sandy Shale	589	
98	Shale	687	
15	Sand & Sandy Shale	702	No Oil
39	Shale	741	
9	Lime	750	
8	Shale	758	
2	Lime	760	
10	Shale	770	
4	Lime	774	
4	Shale	778	
2	Lime	780	
13	Shale	793	
3	Lime	796	
7	Shale	803	

803

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	805	
4	Shale	809	
5	Lime	814	
18	Shale	832	
2	Lime	834	
2	Shale	836	
2	Lime	838	
2	Shale	840	
4	Sandy Shale	844	
4	Sand	848	No Oil
14	Sand	862	Broken - Poor Saturation
4	Sand	866	Solid - OK Saturation
4	Sand	870	Broken - OK Saturation
8	Sand	878	Solid - OK Saturation
2	Sandy Shale	880	Broken - OK Saturation
13	Sand	893	Solid - Good Saturation
25	Shale	918	
25	Sandy Shale	943	
4	Sand	947	No Oil
1	Lime	948	
4	Shale	952	
7	Sand & Sandy Shale	959	No Oil
6	Shale	965	
9	Sand & Sandy Shale	974	No Oil
5	Sandy Shale	979	
21	Shale	1000	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 # 267531

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-4
47018
NE 11-15-20
04-16-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	50.00	11.5000	575.00
1118B	PREMIUM GEL / BENTONITE	84.00	.2200	18.48
1111	SODIUM CHLORIDE (GRANULA	105.00	.3900	40.95
1110A	KOL SEAL (50# BAG)	105.00	.4600	48.30

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-204.82

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
558 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	119.00	.00	.00

Amount Due 1935.54 if paid after 05/03/2014

Parts:	682.73	Freight:	.00	Tax:	34.17	AR	1716.08
Labor:	.00	Misc:	.00	Total:	1716.08		
Sublt:	-204.82	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, L.L.C.

267531

TICKET NUMBER 47018

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
4/16/14	3244	Early # A-4	NE 11	15	20	DG
CUSTOMER <u>Altaista Energy</u>						
MAILING ADDRESS <u>PO Box 128</u>						
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>				
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>729</u>	<u>Cosken</u>	<u>✓ Safety</u>	<u>Meeting</u>	
		<u>666</u>	<u>Gar Moo</u>	<u>✓</u>		
		<u>558</u>	<u>Mat Coc</u>	<u>✓</u>		
		<u>370</u>	<u>Kei Det</u>	<u>✓</u>		

JOB TYPE surface HOLE SIZE 10" HOLE DEPTH 121' CASING SIZE & WEIGHT 7"
 CASING DEPTH 119' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 4.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 50 sks 50/50
Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to
surface, displaced cement w/ 4.5 bbls fresh water, shut in casing.

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		870.00 ✓
5406	on lease	MILEAGE		— ✓
5402	119'	casing footage		— ✓
5407	1/2 minimum	ton mileage		184.00 ✓
5502C	1.5 hrs	80 vac		150.00 ✓
1124	50 sks	50/50 Pozmix cement	575.00 ✓	
118B	84 #	Premium Gel	18.48 ✓	
1111	105 #	Salt	40.95 ✓	
1110A	105 #	Kalseal	48.30 ✓	
		materials	682.73	
		-30%	-204.82	
		subtotal		477.91
			1935.54	
			SALES TAX	34.17 ✓
			ESTIMATED TOTAL	1716.08 ✓



Completed

Revin 3737

AUTHORIZATION Bryon 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.



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 # 267528

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-4
 47020
 NE 11-15-20
 04-17-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	146.00	11.5000	1679.00
1118B	PREMIUM GEL / BENTONITE	445.00	.2200	97.90
1111	SODIUM CHLORIDE (GRANULA	307.00	.3900	119.73
1110A	KOL SEAL (50# BAG)	730.00	.4600	335.80
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-669.73

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	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666 CASING FOOTAGE	945.00	.00	.00

Amount Due 3926.66 if paid after 05/03/2014

Parts:	2261.93	Freight:	.00	Tax:	113.84	AR	3209.04
Labor:	.00	Misc:	.00	Total:	3209.04		
Sublt:	-669.73	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267528

TICKET NUMBER 47020

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-4	NE 11	15	20	DG

CUSTOMER
Atavista Energy

MAILING ADDRESS
PO Box 128

CITY
Wellsville

STATE
KS

ZIP CODE
66092

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casey Ken	✓ Safety	Machine
6660	Gar Moo	✓	
510	Set Juc	✓	
370	Jas Ric	✓	

JOB TYPE long string HOLE SIZE 5 3/8" HOLE DEPTH 990' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 945' DRILL PIPE _____ TUBING baffle- 910' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 291

DISPLACEMENT 5.30 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Premium Gel followed by 10 bbls fresh water, mixed + pumped 146 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.30 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		105.00 ✓
5406	20 mi	MILEAGE		84.00 ✓
5402	945'	casing footage		✓
5407	1/2 minimum	ten mileage		184.00 ✓
5502C	1.5 hrs	80 Vcc		150.00 ✓
112V	146 sks	50/50 Pozmix cement	11679.00 ✓	
1118B	445 #	Premium Gel	97.90 ✓	
1111	307 #	Salt	119.73 ✓	
1110A	730 #	Kalseal	335.80 ✓	
		materials	2232.43	
		- 30%	- 669.73 ✓	
		Subtotal		15602.70 ✓
4402	1	2 1/2" rubber plug		28.50 ✓
			3926.66	
			7.15%	
		SALES TAX		113.84 ✓
		ESTIMATED TOTAL		3209.04 ✓

Ravin 3737



AUTHORIZATION Bryan Miller TITLE _____ DATE _____

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