



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225949
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: _____



1225949

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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 # 270492

Invoice Date: 08/25/2014 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

MARJORIE CROTTS #19
48085
SW14-22-16
8-18-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	11.5000	402.50
1118B	PREMIUM GEL / BENTONITE	59.00	.2200	12.98
1111	SODIUM CHLORIDE (GRANULA	74.00	.3900	28.86
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-157.45

Description	Hours	Unit Price	Total
510 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
666 CASING FOOTAGE	42.00	.00	.00
675 TON MILEAGE DELIVERY	73.24	1.41	103.27

Amount Due 1919.38 if paid after 09/04/2014

Parts:	524.84	Freight:	.00	Tax:	22.59	AR	1752.25
Labor:	.00	Misc:	.00	Total:	1752.25		
Sublt:	-157.45	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



270492

TICKET NUMBER 48085
 LOCATION Ottawa, KS
 FOREMAN Corey 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																				
8/18/14	3244	Margerie Crofts # 19	SW 14	22	16	CF																				
CUSTOMER Altera Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>729</td> <td>Carlton</td> <td>✓ Safety Meeting</td> <td></td> </tr> <tr> <td>6060</td> <td>Kei Car</td> <td>✓</td> <td></td> </tr> <tr> <td>510</td> <td>Des Web</td> <td>✓</td> <td></td> </tr> <tr> <td>6075</td> <td>Kei Det</td> <td>✓</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	729	Carlton	✓ Safety Meeting		6060	Kei Car	✓		510	Des Web	✓		6075	Kei Det	✓	
TRUCK #	DRIVER	TRUCK #					DRIVER																			
729	Carlton	✓ Safety Meeting																								
6060	Kei Car	✓																								
510	Des Web	✓																								
6075	Kei Det	✓																								
MAILING ADDRESS Po Box 128																										
CITY Wellsville	STATE KS	ZIP CODE 66092																								

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 42' CASING SIZE & WEIGHT 7"
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
 DISPLACEMENT 1.6 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm
 REMARKS: held safety meeting, established circulation, arrived & pumped 35 sks
95% Pozmix cement w/ 2% gel, 5% salt & 5# Kolseal per sk, cement to
surface, displaced cement w/ 1.6 bbls fresh water, shut in casing.

Signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870.00 ✓
5406	45 mi	MILEAGE		189.00 ✓
5402	42'	casing footage		— ✓
5407A	73.238	ton mileage		103.27 ✓
5502C	2 hrs	80 lbc		200.00 ✓
1124	35 sks	95% Pozmix cement	402.50	✓
1118B	59 #	Gel	12.98	✓
1111	74 #	Salt	28.86	✓
1110A	175 #	Kolseal	80.50	✓
		materials	524.84	
		-36%	157.45	✓
		subtotal		367.39
				1919.39
			SALES TAX	22.59 ✓
			ESTIMATED TOTAL	1752.25 ✓

Completed

AUTHORIZATION No Co Rep. 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 # 270540

Invoice Date: 08/25/2014 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

MARJORIE CROTTS #19
48109
SW19-22-16
8-20-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	156.00	11.5000	1794.00
1118B	PREMIUM GEL / BENTONITE	262.00	.2200	57.64
1111	SODIUM CHLORIDE (GRANULA	328.00	.3900	127.92
1110A	KOL SEAL (50# BAG)	780.00	.4600	358.80
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-701.51

Description	Hours	Unit Price	Total
548 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00
666 CASING FOOTAGE	1117.00	.00	.00
675 TON MILEAGE DELIVERY	326.43	1.41	460.27

Amount Due 4208.75 if paid after 09/04/2014

Parts:	2367.86	Freight:	.00	Tax:	102.48	AR	3464.10
Labor:	.00	Misc:	.00	Total:	3464.10		
Sublt:	-701.51	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

270540

TICKET NUMBER 48109
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/20/14	3244	Marjorie Crofts #19	SW 14	22	16	CF
CUSTOMER <u>Ataviste Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			<u>729</u>	<u>Casken</u>	<u>✓</u>	<u>Sally Meeting</u>
CITY <u>Wellsville</u>			<u>6666</u>	<u>Kei Car</u>	<u>✓</u>	
STATE <u>KS</u>			<u>548</u>	<u>Trotter</u>	<u>✓</u>	
ZIP CODE <u>66092</u>			<u>675</u>	<u>Kei Det</u>	<u>✓</u>	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1123' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1117' DRILL PIPE _____ TUBING 1087' - baffle OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 6.29 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 156 sks 59.5% Pozmix cement w/ 2% gel, 5% salt + 5# Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.29 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	on lease	MILEAGE		_____ ✓
5402	1117'	casing footage		_____ ✓
5407 A	326.43	ton mileage		460.27 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	156 sks	59.5% Pozmix cement	1794.00	✓
1118B	262 #	Gel	57.64	✓
1111	328 #	Salt	127.92	✓
1110A	780 #	Kolseal	358.80	✓
		materials	2338.36	
		-30%	701.51	✓
		subtotal		1636.85
4402	1	2 1/2" rubber plug		29.50 ✓
				4208.75
			6.15%	SALES TAX 102.48 ✓
				ESTIMATED TOTAL 3464.10 ✓

AUTHORIZATION No Co Rep 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.