

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1225955

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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 Approved by: Date:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

			7.	, E. I. I. E								
API NO: 15 - 031	- 23982 -	00 - 00			K9 LU	G	-					
OPERATOR: ALTAVIS				-				S. 14	T. 22	R. 16	<u>E.</u>	W.
ADDRESS: 4595 K-3	3 HWY, P.C	D. BOX 128,	WELLSVII	LLE, KS 66	5092		_			NE SW COFFEY		
WELL#:20	_	LEAS	E NAME:	MARJOR	RIE CROTTS				DF:		КВ:	
FOOTAGE LOCATION:	3135	FEET	FROM	(N)	<u>(S)</u>	LINE	3465	FEET	FROM	(E)	(W)	LINE
CONTRACTOR:	FINNEY D	RILLING CO	MPANY		_		GEO	DLOGIST:	DOUG E	VANS		
SPUD DATE:	8/28	/2014					TOTA	L DEPTH:			P.B.T.D.	
DATE COMPLETED:	9/3/	2014							- 1100	-		
		_			RECOR		OIL I OI	CHASEK.	COFFEYVIL	LE RESOURC	ES CRUDE T	RANSPORTATIO
REPORT OF ALL ST	RINGS - SU	IRFACE, INT	ERMEDIA	TE, PROD	UCTION, ET	C.	-					
PURPOSE OF STRING SURFACE:	SIZE HOLE DRILLED	SIZE CASIN O.D	G SET (in	WEIGHT LBS/FT	SETTING		TYPE CEMENT	SACKS	TYPE	AND % ADD	ITIVES	1
PRODUCTION:	12.2500	7		19	47.4	0	OWC	58		COMPANY		!
. HODGOTION:	5.8750	2.8750	Brd	6.5	1120	0	OWC	137		COMPANY		1
			1	NELL L	_OG							ı

CORES: #1 - 1025 - 1040 RECOVERED: ACTUAL CORING TIME:

RAN: 1 - FLOAT SHOE

1 - SEATING NIPPLE
1 - COLLAR
3 - CENTRALIZERS
1 - BAFFLE
1 - CLAMP

0	
	3
3	27
27	32
	35
35	41
	228
	279
	364
	381
381	387
387	395
395	431
431	489
489	495
495	499
499	542
542	605
605	610
610	633
	637
	656
	659
	663
	791
	812
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815	846
846	850
850	853
853	903
903	906
906	912
912	913
913	930
930	934
934	949
949	953
953	974
974	978
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FORMATION		TOP	BOTTO
SHALE		988	1023
CAP LIME		1023	1024
SHALE		1024	1027
CAP LIME		1027.5	1028.5
SAND & SHALE OIL		1028.5	1035
SHALE		1035	1077
LIME		1077	1079
SHALE		1079	1130 T.D
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RENT 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

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057 M. CROTTS #20 5220000937 08/28/2014 KS

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Part Number 1124 1118B 1110A 1111	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE KOL SEAL (50# BAG) SODIUM CHLORIDE (GRANULA	Qty 30.00 50.00 150.00 100.00	Unit Price 11.5000 .2200 .4600 .3900	Total 345.00 11.00 69.00 39.00
Sublet Performed 9996-170	Description CEMENT MATERIAL DISCOUNT			Total -139.20
Description 485 CEMENT PUMP (S 503 80 BBL VACUUM 675 MIN. BULK DELI	official and the state of the	Hours 1.00 2.00 1.00	Unit Price 870.00 90.00 368.00	Total 870.00 180.00 368.00

Amount Due 1910.54 if paid after 09/09/2014

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Parts:	464.00	Freight:	.00	Tax:	19.98	AR	1762.78
Labor:	.00	Misc:	.00	Total:	1762.78		
Sublt:	-139.20	Supplies:	.00	Change:	.00		
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Signed______Date____

.B/28/2014

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	Surface					CLASS A
	3244	文学			20	14
Military Aggress	M-Crotts #20	RGE				6.5
ity & State	<i>100</i>	Formation Tubing		Yend	3.4	1.3
ip Code		Drill Pipe		Store of Cerem	F-1	30
ontact .		Casing Size		Skiny Valume	12	6.9
mad		Hole Size	7	Displacement		1.7
eli		Casing Depth	12 1/4 47.5	Displacement PS	1.	100
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54015	CEMENT PUMP (SURFACE PIPE)	1	2 HRS MAX	\$870.00	1	
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1111	GRANULATED SALT (508) SELL BY 8	150	0	\$0.46	\$	69.00
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0			0	\$0.00	S .	
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0			0	\$0.00	15	
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	Tal port	eri mere ara emen		CHEMICAL TOTAL	5	324.80
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San recommendation				\$0.00 RANSPORT TOTAL	S	
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I ACCHOWLEDGE THAT THE PARMENT TERMS, UNLESS SPECIFICALLY AMERICAD IN WISTING ON THE FRONT OF THE PORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AY DUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM AND IN SPECIF FOR SERVICES IDENTIFIED ON THIS FORM.



RENAT 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

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057 M. CROTTS #20 48162 NW14-22-16 9-3-14 KS

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Part Number 1124 1118B 1111 1110A 4402	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG	Qty 135.00 327.00 261.00 675.00	.3900	Total 1552.50 71.94 101.79 310.50 29.50
Sublet Performed 9996-120	Description CEMENT MATERIAL DISCOUNT	2.00	23.3000	Total -611.02
Description 368 CEMENT PUMP 368 EQUIPMENT MILE 368 CASING FOOTAGE 558 TON MILEAGE DE 670 80 BBL VACUUM	LIVERY	Hours 1.00 45.00 1120.00 282.49 4.50	Unit Price 1085.00 4.20 .00 1.41 100.00	Total 1085.00 189.00 .00 398.31 450.00

Amount Due 4315.61 if paid after 09/20/2014

Parts:	2066.23	Freight:	.00	Tax:	89.49	AR	3667.03
Labor:	.00	Misc:	.00	Total:	3667.01		
Sublt:	-611.02	Supplies:	.00	Change:	.00		
=======	=======	=========	=======	========	=======	======	=========

Signed______Date____



270843

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT

DATE STATE S	20-431-9210	or 800-467-8676			CEME				
USIGNER HTT USAGE ENERSY ALLING ADDRESS IT US STATE IT USAGE TO BOX 128 IT USAGE TO BOX 1	DATE	CUSTOMER#	WELL	NAME & N		SECTION	TOWNSHIP	RANGE	COUNTY
USIGNER HTY ISTS ENCRY ALLINGADORESS 1. O. Box 128 STATE Welly Ists Asino Derth Ists Ball Na Mall Safet, Meet 30 Mik Fax Jan Mik Fax	9-3-14	3244	M. Cro	145	#20	NW 14	1 22		Cf'
ALLINGADORESS I.O. BOX 128 STATE ZIPCODE Wellsy'lle KS Word OBTITY EDASTRIAS BRILL PIPE TUBING DISTAGEMENT BJ DISTAGEMENT PSI BOD MIX PSI 200 ELURRY WEIGHT DISTAGEMENT PSI BOD MIX PSI 200 MATER SAIRS ELURRY VOL SULURY VOL	CUSTOMER	Lida E.				TRUCK #	DRIVER	THE RESIDENCE OF THE PARTY OF T	DRIVER
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ASING DEPTH 12D DRILL PIPE TUBING ASING DEPTH 12D DRILL PIPE SUURY VOL WATER gallak SUURY VOL WATER gallak CEMENT LEFT IN CASING YES SUBPLACEMENT B. 2D DISPLACEMENT PSI 800 MIX PSI 20D RATE POPE RATE				77/2		117-	CASING SIZE & M	FIGHT 2 7/4	}
SLURRY WEIGHT ISPLACEMENT 6-3 DISPLACEMENT PS 800 MIX PS 200 RATE 4 4 5 MIX EMARKS: Held Moeting. Ests bished rate. Mixed a pumped 100 and 10 llowed by 13.5 sh 50 130 cement flus 0.78 Sel 5 sold 5 kolseel per sack. Circulated coment Flushed pump, flushed plus in hat so, well held 800 151 50) 1004 Clased waldy ACCOUNT CODE OUANITY OF UNITS CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE SHOCK 45 MILEAGE 368 1880 SHOCK 45 MILEAGE 368 378.36 SHOCK 472 80 Val. 558 378.36 1124 135 50/50 (ewient 1552.50) 1124 135 50/50 (ewient 1552.50) 1124 135 50/50 (ewient 1552.50) 1129 1402 1 261 scal 100.79 1100 1 675 140 scal 100.79 1100 1 675 140 scal 100.79 1100 1 100.79 1100 1 100.79 1100 1 100.79 1100 1 100.79 1100 1 100.79 1100 1 100.70 1100		1100		2.0		IH_1/00	CASING SIZE & W	OTHER DE	1089
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100# gel followed, by 135 sh 5013th cament blus 198 se	750000 TO 5000	, ,		. ,	.) .	1	TOTAL AT SEC.	U	
Sto solt St kolses Per Sack Circulated coment Stushed pump, fumped plus to halfo Well held BBO St Sat Play Clased while BBO St Sat Play Clased while Account coop Quantry or Units Description of Services or Product Unit price Total Sto Sto Pumper Store Sto Sto Sto Store Sto Store Sto Sto Store Store Store Sto Store Store Store Store Sto Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store Store		eld Moe	7.75, E	5×50	1.5400		NIXED	a pum	
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Run Finney Extremely Myddy Denty Wooder	58/	1/0 50/4	J. J. H.	4015e	sl per	CSGEK,	Circula	red co	mar
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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.