



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225955
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: _____



1225955

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
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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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~PLIN~~
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 # 270781

Invoice Date: 08/30/2014 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

M. CROTTS #20
5220000937
08/28/2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	11.5000	345.00
1118B	PREMIUM GEL / BENTONITE	50.00	.2200	11.00
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00
1111	SODIUM CHLORIDE (GRANULA	100.00	.3900	39.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-139.20

Description	Hours	Unit Price	Total
485 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
503 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
675 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 1910.54 if paid after 09/09/2014

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		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~FINV~~
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 # 270893

Invoice Date: 09/10/2014 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

M. CROTTS #20
48162
NW14-22-16
9-3-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	11.5000	1552.50
1118B	PREMIUM GEL / BENTONITE	327.00	.2200	71.94
1111	SODIUM CHLORIDE (GRANULA	261.00	.3900	101.79
1110A	KOL SEAL (50# BAG)	675.00	.4600	310.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-611.02

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
368 CASING FOOTAGE	1120.00	.00	.00
558 TON MILEAGE DELIVERY	282.49	1.41	398.31
670 80 BBL VACUUM TRUCK (CEMENT)	4.50	100.00	450.00

Amount Due 4315.61 if paid after 09/20/2014

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

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

270843

TICKET NUMBER 48162
LOCATION Ottawa
FOREMAN Alan 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
9-3-14	3244	M. Crofts #20	NW 14	22	16	CF
CUSTOMER Alquist Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			730	Ala Mad	Safety	Meat
CITY	STATE	ZIP CODE	368	Al Mad		
Wellsp:llc	KS	66092	370	Mik Fox		
			558	Bubir		

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 1130 CASING SIZE & WEIGHT 2 3/8
CASING DEPTH 1120 DRILL PIPE _____ TUBING _____ OTHER 67 1089
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 633 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Ests established rate. Mixed & pumped 100# gel followed by 135 sk 50/50 cement plus 2% gel 5% salt, 5# kal seal per sack. Circulated cement. Flushed pump, pumped plug to bottom. Well held 800 PSI. Set float. Closed valve.

Kurt Finney Extremely muddy
rig left over hole Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	45	MILEAGE	368	189.00 ✓
5402	1120	Casing footage	368	— ✓
5407A	282.49	ton miles	558	398.31 ✓
5302C	4 1/2	80 gal	370	450.00 ✓
1124	135	50/50 cement	1552.50	✓
118B	327 #	gel	71.94	✓
1111	261 #	salt	101.79	✓
1110A	675 #	kal seal	310.50	✓
		material sub	2036.73	
		loss 30% -	611.02	✓
		material total		1425.71 ✓
4402	1	2 1/2 plug		39.50 ✓
		Completed	4315.61	
		SALES TAX		89.89
		ESTIMATED TOTAL		3667.00 ✓

Ravin 3737

AUTHORIZATION [Signature] 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.