



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225960
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
-----------------------------------	-----------------	---

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: _____



1225960

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
--	---

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---



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 # 270976

Invoice Date: 09/11/2014 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 #21
5220000942
14/22/16
09/04/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	30.00	15.7000	471.00
1118B	PREMIUM GEL / BENTONITE	50.00	.2200	11.00
1102	CALCIUM CHLORIDE (50#)	50.00	.7800	39.00
1123	CITY WATER	2000.00	.0173	34.60

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-156.30

Description	Hours	Unit Price	Total
370 MIN. BULK DELIVERY	1.00	368.00	368.00
445 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
445 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.20	231.00
510 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Amount Due 2238.78 if paid after 09/21/2014

Parts:	555.60	Freight:	.00	Tax:	24.57	AR	2072.87
Labor:	.00	Misc:	.00	Total:	2072.87		
Sublt:	-156.30	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

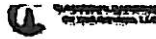
OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650

9/4/2014



5220000942

270976

CEMENT FIELD TICKET AND TREATMENT REPORT

Altavista Energy Inc		Coffey, Kansas		CLASS A	
Surface		14			50%
3244		22			14.7
M. Crofts #21		16			6.5
Formation				Yield	1.36
Tubing				Sacks of Cement	30
Drill Pipe				Slurry Volume	7.2
Casing Size	7			Displacement	1.5
Hole Size	12 1/4			Displacement PSI	50
Casing Depth	41.9			MIX PSI	50
Hole Depth				Rate	2.5
Dispatch Location	EUREKA				
Code	Quantity	Unit	Price per Unit		
5401S	1	2 HRS MAX	\$870.00	\$	870.00
5406	55	PER MILE	\$4.20	\$	231.00
5407	1	PER LOAD	\$368.00	\$	368.00
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
EQUIPMENT TOTAL				\$	1469.00
Code	Quantity	Unit	Price per Unit		
1104S	30	0	\$15.70	\$	471.00
1118B	50	0	\$0.22	\$	11.00
1102	50	0	\$0.78	\$	39.00
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
0	0	0	\$0.00	\$	-
1123	2	0	\$17.30	\$	34.60
CHEMICAL TOTAL				\$	399.30
Code	Quantity	Unit	Price per Unit		
5502C	2	BL VACUUM TRUCK (CEM)	\$90.00	\$	180.00
0	0		\$0.00	\$	-
0	0		\$0.00	\$	-
TRANSPORT TOTAL				\$	180.00
Cement Floating Equipment (EMULSIFIER)					
Cement Basket					
0		0	\$0.00	\$	-
Centralizer					
0		0	\$0.00	\$	-
0		0	\$0.00	\$	-
Float Shoe					
0		0	\$0.00	\$	-
Float Collars					
0		0	\$0.00	\$	-
Guide Shoes					
0		0	\$0.00	\$	-
Baffle and Flapper Plates					
0		0	\$0.00	\$	-
Packer Shoes					
0		0	\$0.00	\$	-
DV Tools					
0		0	\$0.00	\$	-
Ball Valves, Swedges, Clamps, Misc.					
0		0	\$0.00	\$	-
0		0	\$0.00	\$	-
0		0	\$0.00	\$	-
Plugs and Ball Sealers					
0		0	\$0.00	\$	-
Downhole Tools					
0		0	\$0.00	\$	-
CEMENT FLOATING EQUIPMENT TOTAL				\$	-
SUB TOTAL				\$	2048.30
SALES TAX				\$	24.57
TOTAL				\$	2072.87
DISCOUNT				\$	-
DISCOUNTED TOTAL				\$	2072.87
690	DRIVER NAME				
445	John Wade				
370	Brent Mann/ Zavi				
530	Mike				
	Dustin				

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *[Signature]*

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.

0 JS



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 # 270988

Invoice Date: 09/11/2014 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 #21
48159
NW14-22-16
9-9-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	145.00	11.5000	1667.50
1118B	PREMIUM GEL / BENTONITE	344.00	.2200	75.68
1111	SODIUM CHLORIDE (GRANULA	280.00	.3900	109.20
1110A	KOL SEAL (50# BAG)	725.00	.4600	333.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-655.76

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
445 CASING FOOTAGE	111.00	.00	.00
558 TON MILEAGE DELIVERY	303.41	1.41	427.81

Amount Due 4203.43 if paid after 09/21/2014

Parts:	2215.38	Freight:	.00	Tax:	95.91	AR	3507.34
Labor:	.00	Misc:	.00	Total:	3507.34		
Sublt:	-655.76	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

270988

TICKET NUMBER 48159
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
9.9.14	3244	M Crofts # 21	NW 14	22	16	CF
CUSTOMER Alta Vista Energy Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 Fred Mad			
CITY STATE ZIP CODE Wellsville KS 66092			445 Bro Man			
			369 Dus Web			
			558 Bro Biv			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1123 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1110 DRILL PIPE Baffle TUBING @ 1080 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 6.28 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 1/2 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100# Gel Flush. Mix Pump 145 SKS 50/50 Pce Mix Cement 2% Gel 5% Salt 5# Kol Seal/SK. Cement to Surface Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing. Baffle. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	445	1085 ⁰⁰
5406	45 mi	MILEAGE	445	189 ⁰⁰
5402	1110'	Casing		N/C
5407A	393.41	Ton Miles	558	427 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	150 ⁰⁰
1124	145 SKS	50/50 Pce Mix Cement	1667 ⁵⁰	✓
118B	344#	Premium Gel	7568	✓
111	280#	Granulated Salt	109 ²⁰	✓
110A	725#	Kol Seal	333 ⁵⁰	✓
		Material	2185 ⁰⁰	
		less 30%	- 655 ⁰⁰	✓
		Total		1530 ³²
4402	1	2 1/2" Rubber Plug		295 ⁰⁰
			4203.44	
			6.15%	SALES TAX 95 ⁹²
				ESTIMATED TOTAL 3507 ³⁴

Flavin 3737

OK'd J Green

AUTHORIZATION No Co Repair Site 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.