



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1228089  
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: \_\_\_\_\_



1228089

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

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> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---





**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 # 271101

Invoice Date: 09/17/2014 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 #24  
48181  
NW14-22-16  
09/11/2014  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1111	SODIUM CHLORIDE (GRANULA	77.00	.3900	30.03
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-179.03

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	.00	.23	.00
510 TON MILEAGE DELIVERY	75.60	1.41	106.60
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 1810.08 if paid after 09/27/2014

Parts:	596.77	Freight:	.00	Tax:	25.70	AR	1620.04
Labor:	.00	Misc:	.00	Total:	1620.04		
Sublt:	-179.03	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

271101



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 48181  
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
9-11-14	3244	M. Croxys # 24	NW 14	22	16	CF
CUSTOMER <u>Alta Vista Energy Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			712	Fred Mad		
CITY <u>Wellsville</u>			495	HorBec		
STATE <u>KS</u>			675	Kal Seal		
ZIP CODE <u>66092</u>			570	Dus Web		

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 10' +  
 DISPLACEMENT 1.6 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing  
Mix & Pump 40 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt  
5# Kal Seal/sk. Cement to surface. Displace 7" casing clean  
w/ 1.6 BBL Water. Show in casing

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>	495	495.00 ✓
5406	-	MILEAGE		N/C ✓
5402		<u>Casing footage</u>		N/C ✓
5407A	75.6	<u>Ten Miles</u>	510	106.60 ✓
5502C	2 hrs	<u>90 BBL Vac Trucks</u>	675	200.00 ✓
1124	40 SKS	<u>50/50 Poz Mix Cement</u>	460.00 ✓	
1118B	67#	<u>Premium Gel</u>	14.24 ✓	
1111	77#	<u>Granulated Salt</u>	30.03 ✓	
1110A	200#	<u>Kal Seal</u>	92.00 ✓	
		<u>Material</u>	596.27	
		<u>Less 30%</u>	179.03 ✓	
		<u>Total</u>		417.24
<b>COMPLETED</b>			1810.07	
		SALES TAX <u>16.15%</u>		25.70 ✓
		ESTIMATED TOTAL		1620.04 ✓

Flavin 3737 OK'd J. Green

AUTHORIZATION No Co Rep on 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.



**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 # 271179

Invoice Date: 09/19/2014 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 #24  
48201  
NW14-22-16  
9-15-14  
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
9995-120	CEMENT EQUIPMENT DISCOUNT	-655.76

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
495 CASING FOOTAGE	1110.00	.00	.00
503 TON MILEAGE DELIVERY	303.41	1.41	427.81
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4253.43 if paid after 09/29/2014

Parts:	2215.38	Freight:	.00	Tax:	95.91	AR	3557.34
Labor:	.00	Misc:	.00	Total:	3557.34		
Sublt:	-655.76	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, LLC

271179

TICKET NUMBER 48201  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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
9-15-14	3244	M. Crofts # 24	NW 14	22	16	CF
CUSTOMER Altavista Energy Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			712	Fremad		
CITY Wellsville	STATE KS	ZIP CODE 66092	495	HarBoc		
			675	Ki. Det		
			503	TroHar		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1122' CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 1110' DRILL PIPE Baffle in TUBING @ 10 80' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30' x Plug  
DISPLACEMENT 6.45 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100' Gal Flush. Mix Pump 145 sks 50/50 Poz Mix Cement 2% Gal 5% Salt 5# Kal Seal/sk. Cement to surface Flush pump lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing

Frimley Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	45 mi	MILEAGE	495	189.00 ✓
5402	1110'	Casing Footage		N/C ✓
5407A	303.41	Lon Miles	503	427.51 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	145 sks	50/50 Poz Mix Cement	1667.50 ✓	
1118B	344#	Premium Gel	75.68 ✓	
1111	250#	Granulated Salt	109.20 ✓	
1110A	725#	Kal Seal	333.50 ✓	
		Material	2185.00 ✓	
		Less 30%	-655.26	
		Total		1530.12 ✓
4402	1	2 1/2" Rubber Plug		29.50 ✓
				4253.44
			6.15% TAX	95.94 ✓
			ESTIMATED TOTAL	3557.34 ✓

Flavin 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.