



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230904
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: _____



1230904

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> <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
~~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 # 271823

Invoice Date: 10/17/2014 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

M. CROTTS #26
48273
SW14 22 16 CF
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
1111	SODIUM CHLORIDE (GRANULA	63.00	.3900	24.57
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-134.87

Description	Hours	Unit Price	Total
370 TON MILEAGE DELIVERY	62.78	1.41	88.52
558 80 BBL VACUUM TRUCK (CEMENT)	1.00	100.00	100.00
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 CASING FOOTAGE	43.00	.00	.00

Parts:	449.57	Freight:	.00	Tax:	19.36	AR	1392.58
Labor:	.00	Misc:	.00	Total:	1392.58		
Sublt:	-134.87	Supplies:	.00	Change:	.00		

Signed _____ Date _____

271823



TICKET NUMBER 48273
 LOCATION Ottawa, KS
 FOREMAN Casey 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
10/8/14	3244	Margorie Crofts #260	SW 14	22	16	CF
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 666092	TRUCK #		
				DRIVER		

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 43' CASING SIZE & WEIGHT 7"
 CASING DEPTH 43' 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 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 30 sks 5% Pozmix cement w/ 2% gel, 5% salt, + 5 # kal seal per sk, cement to surface, ~~displaced~~ displaced cement w/ 1.6 bbls fresh water, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE		870.00 ✓
5406	on lease	MILEAGE		— ✓
5402	43'	Casing footage		— ✓
5407A	62.775	for mileage		88.51 ✓
5502C	1 hr	80 Vac		100.00 ✓
1124	30 sks	5% Pozmix cement	345.00 ✓	
1118B	50 #	Gel	11.00 ✓	
1111	63 #	salt	24.57 ✓	
1110A	150 #	Kal seal	69.00 ✓	
		materials	449.57	
		-30%	134.87 ✓	
		Subtotal		314.70
				1535.73
		6.15%	SALES TAX	19.35 ✓
			ESTIMATED TOTAL	1392.58 ✓

AUTHORIZATION Buyer Miller 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.



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 # 272016

Invoice Date: 10/24/2014 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 26
 50523
 NW14-22-16
 10-21-14
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	154.00	11.5000	1771.00
1118B	PREMIUM GEL / BENTONITE	359.00	.2200	78.98
1111	SODIUM CHLORIDE (GRANULA	311.00	.3900	121.29
1110A	KOL SEAL (50# BAG)	770.00	.4600	354.20
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-697.64

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	1098.00	.00	.00
503 TON MILEAGE DELIVERY	322.24	1.41	454.36
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4428.16 if paid after 11/03/2014

Parts:	2354.97	Freight:	.00	Tax:	101.93	AR	3687.62
Labor:	.00	Misc:	.00	Total:	3687.62		
Sublt:	-697.64	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

272014

TICKET NUMBER 50523
LOCATION Ottawa KS
FOREMAN Fred Mader

330

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/21/14	3244	M Croatts # 26	14W 14	22	16	CF
CUSTOMER Alta Vista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712	Fred Mad	FMW 349	
CITY STATE ZIP CODE Wellsville KS 66092			495	Har Bee	PTOP 216	
			675	Kei Det	DNV 939	
			503	Tro Har	DNV 1400	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1122 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1098 DRILL PIPE Baffle in TUBING @ 1068 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 6.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Hold Safety Meeting. Establish circulation. Mix + Pump 100#
Gel Flush. Mix + Pump 154 SKS 50/50 Poz Mix Cement 270 Gal
5% Salt 5# Kol 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.

Finney Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1095.00 ✓
5406	45 mi	MILEAGE	495	149.00 ✓
5402	1098'	Casing footage		N/C ✓
5407A	322.24	Ton Miles	503	454.36 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	154 SKS	50/50 Poz Mix Cement	1771.00 ✓	
1118B	3.59 #	Premium Gel	78.28 ✓	
1111	311 #	Granulated Salt	121.29 ✓	
1110A	270 #	Kol Seal	354.20 ✓	
		Material	2325.27 ✓	
		less 30%	-697.69 ✓	
		Total		1627.58 ✓
4402	1	2 1/2" Rubber Plug		29.50 ✓
			4428.16	
		6.15%	SALES TAX	101.93 ✓
			ESTIMATED TOTAL	3687.62 ✓

Ravin 3737

AUTHORIZATION _____ 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.