



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230907
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: _____



1230907

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</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 # 271207

Invoice Date: 09/22/2014 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 #27
48208
NW14-22-16
9-17-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	45.00	11.5000	517.50
1118B	PREMIUM GEL / BENTONITE	76.00	.2200	16.72
1111	SODIUM CHLORIDE (GRANULA	87.00	.3900	33.93
1110A	KOL SEAL (50# BAG)	225.00	.4600	103.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-201.52

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00
495 CASING FOOTAGE	42.90	.00	.00
548 TON MILEAGE DELIVERY	94.16	1.41	132.77
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 1865.74 if paid after 10/02/2014

Parts:	671.65	Freight:	.00	Tax:	28.93	AR	1651.83
Labor:	.00	Misc:	.00	Total:	1651.83		
Sublt:	-201.52	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

271207

TICKET NUMBER 48208
LOCATION Ottawa KS
FOREMAN _____

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
9.17.14	3244	M Crofts #27	NW 14	22	16	CF
CUSTOMER AltaVista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712	Frc Mad		
CITY STATE ZIP CODE Wellsville KS 66092			495	Nar Bec		
			675	Ki Det		
			548	Dam Wha		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 42.90 CASING SIZE & WEIGHT 7"
CASING DEPTH 42.90 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 45 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Displace 7" casing clean w/1.6 BBL water. Shut in casing.

Finney Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface Cement	495	870 ⁰⁰ ✓
5406	-	MILEAGE		N/C ✓
5402	42.90	Casing Footage		N/C ✓
5407A	94.16	Ton Miles	548	1327 ✓
5502c	1 1/2 hr	80 BBL Vac Truck	675	1500 ⁰⁰ ✓
1124	45 sks	50/50 Poz Mix Cement	517 ⁵⁰	✓
1118B	76 #	Premium Oil	16 ²²	✓
1111	87 #	Granulated Salt	33 ⁹³	✓
1110 A	225 #	Kol Seal	103 ⁵⁰	✓
		Material	671 ⁰⁵	✓
		Less 30%	-201 ⁵⁰	✓
		Total		470 ¹⁵
				1865.73
			6.15%	SALES TAX 28 ⁹⁶ ✓
				ESTIMATED TOTAL 1651 ⁵³ ✓

Completed

1865.73

Ravin 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
~~PAID~~
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 # 271404

Invoice Date: 09/30/2014 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

MARJORIE GROTTTS 27
48217
NW14-22-16
9-23-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	11.5000	1725.00
1118B	PREMIUM GEL / BENTONITE	252.00	.2200	55.44
1111	SODIUM CHLORIDE (GRANULA	315.00	.3900	122.85
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-674.49

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	1109.80	.00	.00
611 TON MILEAGE DELIVERY	313.88	1.41	442.57
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4334.45 if paid after 10/10/2014

Parts:	2277.79	Freight:	.00	Tax:	98.61	AR	3618.48
Labor:	.00	Misc:	.00	Total:	3618.48		
Sublt:	-674.49	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

271404

TICKET NUMBER 48217
LOCATION Ottawa KS
FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-14	3244	Marjorie Crofts # 27	NW 14	22	16	CF
CUSTOMER Alta Vista Energy Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			712	Fred Mad		
CITY Wellsville	STATE KS	ZIP CODE 66082	495	Har Bec		
			675	Kei Det		
			611	Jim Kno		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1123 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1109.8 DRILL PIPE Baffle in TUBING @ 1080' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 6.280 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew safety meeting - Establish circulation. Mix Pump 100#
Gel Flush. Mix Pump 150 sks 50/50 Poz Mix Cement 270' Col
5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump &
lines clean. Displace 2 7/8" Rubber plug to baffle in casing.
Pressure to 800# PSI, Release pressure to set float valve
Shut in casing.

Finway Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	45mi	MILEAGE	495	189.00 ✓
5402	1109.8	Casing footage		N/C ✓
5407A	313.875	Ton Miles	611	442.56 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	150 SKS	50/50 Poz Mix Cement	1250	1725.00 ✓
1118B	252#	Premium Gel	55.44	✓
1111	315#	Granulated Salt	122.85	✓
1110A	750#	Kol Seal	345.00	✓
		Material	2248.09	✓
		less 300	- 674.49	✓
		total		1573.00
4402	1	2 7/8" Rubber Plug		29.00 ✓
			4334.43	
			6.15%	SALES TAX 98.64 ✓
				ESTIMATED TOTAL 3618.46 ✓

completed

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.