

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1240169

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: _____



1240169

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 (Attach Additional Sheets)	☐ Yes ☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☐ No	Name	Top	Datum
Cores Taken	☐ Yes ☐ No			
Electric Log Run	☐ Yes ☐ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	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: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--

API NO: 15 - 031 - 24027 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: 1 - 20

LEASE NAME: MARJORIE CROTTS

FOOTAGE LOCATION: 3135 FEET FROM (N) (S) LINE 3795 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

SPUD DATE: 10/1/2014

DATE COMPLETED: 10/7/2014

GEOLOGIST: DOUG EVANS

TOTAL DEPTH: 1123 P.B.T.D.

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

WELL LOG

CORES: # NO CORE

RECOVERED:

ACTUAL CORING TIME:

RAN: 1 - FLOAT SHOE

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION	TOP	BOTTOM
-----------	-----	--------

[illegible]



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 # 271767

Invoice Date: 10/15/2014 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 I-20
48288
SW13 17 22 CF
10/1/2014
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
1111	SODIUM CHLORIDE (GRANULA	58.00	.3900	22.62
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-134.29

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
368 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00
368 CASING FOOTAGE	42.75	.00	.00
368 TON MILEAGE DELIVERY	62.78	1.41	88.52
368 80 BBL VACUUM TRUCK (CEMENT)	1.00	100.00	100.00

Parts: 447.62 Freight: .00 Tax: 19.27 AR 1391.12
Labor: .00 Misc: .00 Total: 1391.12
Sublt: -134.29 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

271767
Sm 46
FT 43

TICKET NUMBER 48288
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-14	3244	M. Crofts I-20	5413	17	22	CF
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			730	Alan Mader	Safety	Mret
			368	Ar Mcd		
			369	Mik Hgg		
			558	Brubier		

JOB TYPE Gur HOLE SIZE 12 1/4 HOLE DEPTH 43 CASING SIZE & WEIGHT 7
CASING DEPTH 42.75 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 1.875 DISPLACEMENT PSI 100 MIX PSI 100 RATE 46pm

REMARKS: Held meeting. Established rate. Mixed & pumped
30 sk 50/50 cement plus 29 gel, 570 salt, 5# hol
seal per back Circulation cement. Displaced casing
with 1 1/8 bbl clean water. Closed valve.

Kurt

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
34015	1	PUMP CHARGE	368	870.00
5406		MILEAGE	368	
5402	42.75	Casing footage	368	
5402A	62.78	tonnage	558	88.52
5302C	1	8004C	369	100.00
45 11241	30	50/50 cement	345.00	
1118B	30 #	gel	11.00	
1111	58 #	salt	22.62	
1116A	150 #	hol seal	69.00	
		material sub	447.62	
		less 30% discount	-134.29	
		material total		313.33
			1505.43	
		SALES TAX		19.27
		ESTIMATED TOTAL		1391.12

Ravin 3737

AUTHORIZATION NO company rep
J.M DKR

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.

571.85



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 # 271818

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
48299
NW14 22 16 CF
10/7/2014
KS

I-20

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	155.00	11.5000	1782.50
1118B	PREMIUM GEL / BENTONITE	361.00	.2200	79.42
1111	SODIUM CHLORIDE (GRANULA	313.00	.3900	122.07
1110A	KOL SEAL (50# BAG)	775.00	.4600	356.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-702.15

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	1104.00	.00	.00
558 MIN. BULK DELIVERY	324.34	1.41	457.32
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Parts: 2369.99 Freight: .00 Tax: 102.56 AR 3701.72
Labor: .00 Misc: .00 Total: 3701.72
Sublt: -702.15 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

271818

TICKET NUMBER 48299
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
10-7-14	3244	M. Crofts # I-20	NW 14	22	16	C.F.
CUSTOMER <u>Alta Vista Energy Inc</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Frc Mader		
			495	Har Bec		
			675	Kel Dat		
			558	Brv Bly		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1110' CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 1104' DRILL PIPE Baffle m TUBING @ 1072 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' x Plug
DISPLACEMENT 6.233B DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold safety mixing. Establish circulation. Mix & Pump 100#
Gal Flush. Mix & Pump 955 sks 50/50 Poz Mix Cement 2% Cel 5%
Salt 5# Kel 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.

Finnex Drilling

Fred Mader

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	1104	Casing Footage		N/C
5407	324.34	Ten Miles	558	457 ³²
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	155 sks	50/50 Poz Mix Cement	1782 ⁵⁰	
1115B	361#	Premium Cel	794 ²⁰	
1111	313#	Granulated Salt	1220 ⁷⁰	
1110A	775#	Kel Seal	356 ⁰⁰	
		Material	2340.49	
		less 38%	-702 ¹⁵	
		Total		163834
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			4447.06	
		6.15%	SALES TAX	1025 ⁷⁰
			ESTIMATED TOTAL	370173
				370172

Revin 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.