



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240186
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: _____



1240186

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: 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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILLERS LOG

API NO: 15 - 031 - 24030 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

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

WELL #: 1 - 23

LEASE NAME: MARJORIE CROTTS

FOOTAGE LOCATION: 3465 FEET FROM (N) (S) LINE 4125 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

SPUD DATE: 9/25/2014

DATE COMPLETED: 9/29/2014

S. 14 T. 22 R. 16 E. W.

LOCATION: SE NE SW NW

COUNTY: COFFEY

ELEV. GR.: 1040

DF: _____

KB: _____

GEOLOGIST: DOUG EVANS

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

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

CASING RECORD

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

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	43	OWC	58	SERVICE COMPANY
PRODUCTION:	5.7500	2.8750	6.5	1102.71	OWC		SERVICE COMPANY

WELL LOG

CORES: # NO CORES

RECOVERED: _____

ACTUAL CORING TIME: _____

RAN: 1 - FLOAT SHOE

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION

TOP BOTTOM

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	24
SAND & GRAVEL	24	31
LIME	31	34
SHALE	34	225
LIME	225	247
SHALE	247	250
LIME	250	272
SHALE	272	362
LIME	362	378
SHALE	378	380
LIME	380	386
SHALE	386	421
LIME	421	484
SHALE	484	495
LIME	495	500
SHALE	500	522
SHALE & LIME	522	540
KC LIME	540	600
SHALE	600	605
LIME	605	628
SHALE	628	633
LIME	633	650
BIG SHALE	650	808
LIME	808	815
SAND SHALE & LIME	815	819
LIME SAND & SHALE	819	831
LIME	831	839
SAND & SHALE	839	895
LIME	895	902
SAND & SHALE	902	922
LIME	922	926
SAND & SHALE	926	942
LIME	942	947
SAND & SHALE	947	967
LIME	967	971
SAND & SHALE	971	978
LIME	978	980
SAND & SHALE	980	1013.25
CAP LIME	1013.25	1014.25
SHALE	1014	1017.5

FORMATION

TOP BOTTOM

FORMATION	TOP	BOTTOM
LIME		
SAND & SHALE OIL	1017.5	1018.5
SAND & SHALE OIL	1018.5	1020
SAND & SHALE OIL	1020	1022
SAND & SHALE OIL	1022	1024
SAND OIL BEST SHOW	1024	1026
SAND & SHALE OIL GOOD SHOW	1026	1028
SAND & SHALE OIL GOOD SHOW	1028	1030
SAND & SHALE OIL	1030	1031
SAND & SHALE	1031	1037
LIME	1037	1039
SAND & SHALE	1039	1073
LIME	1073	1075
SAND & SHALE	1075	1105
LIME	1105	1107
SAND & SHALE	1107	1123 T.D.

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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 # 271576

Invoice Date: 09/30/2014 Terms: 0/30/10,n/30

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

M. CROTTS I-23
48260
NW14-22-16
9-25-14
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	84.00	.3900	32.76
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-179.85

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	42.95	.00	.00
515 TON MILEAGE DELIVERY	83.70	1.41	118.02
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 1774.39 if paid after 10/10/2014

Parts:	599.50	Freight:	.00	Tax:	25.81	AR	1583.48
Labor:	.00	Misc:	.00	Total:	1583.48		
Sublt:	-179.85	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

271576

TICKET NUMBER 48260

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
9-25-14	3244	M. Crofts # I-23	NW 14	J2	16	CF
CUSTOMER <u>Alta Vista Energy Inc</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER		TRUCK #	
CITY <u>Wellsville</u>			DRIVER		TRUCK #	
STATE <u>KS</u>			DRIVER		TRUCK #	
ZIP CODE <u>66092</u>			DRIVER		TRUCK #	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 43 CASING SIZE & WEIGHT 7"
 CASING DEPTH 42.95 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10' ±
 DISPLACEMENT 1.7 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing. Mix + Pump 0SKS 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Displace casing clean w/ 1.75 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	820 ⁰⁰ ✓
5406	-	MILEAGE		N/C ✓
5402	42.95	Casing footage		N/C ✓
5407A	63.7	Ten Miles	515	118 ⁰⁰ ✓
5502C	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰ ✓
1124	40 SKS	50/50 Poz Mix Cement	4160 ⁰⁰	✓
1118B	67 [#]	Premium Gel	1474 ⁰⁰	✓
1118	84 [#]	Granulated Salt	3276 ⁰⁰	✓
1110A	260 [#]	Kol Seal	92 ⁰⁰	✓
		Material	599 ⁵⁰	
		Less 30%	-179 ⁸⁵	✓
		Total		419 ⁶⁵
			1989 ³⁹	
			6570	
		SALES TAX		25 ⁸¹ ✓
		ESTIMATED TOTAL		1583 ⁴⁸ ✓

Ravin 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



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 # 271503

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

M. CROTTS I-²³~~43~~
48254
NW14-22-16
9-29-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	318.00	.2200	69.96
1111	SODIUM CHLORIDE (GRANULA	251.00	.3900	97.89
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-588.56

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
368 CASING FOOTAGE	1102.71	.00	.00
548 TON MILEAGE DELIVERY	272.03	1.41	383.56
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 3921.37 if paid after 10/10/2014

Parts:	1991.35	Freight:	.00	Tax:	86.26	AR	3296.61
Labor:	.00	Misc:	.00	Total:	3296.61		
Sublt:	-588.56	Supplies:	.00	Change:	.00		

Signed _____

Date _____

