



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241472
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: _____



1241472

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> _____	PRODUCTION INTERVAL: _____ _____
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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

INOICE Invoice # 801920

Invoice Date: 11/18/2014 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HIGHWAY, **P.O. Box 128**
 WELLSVILLE KS 66092
 USA
 7858834057

YOUNG #A-2

Part Number	Description	Qty	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surfac	1.00	870.00	0.00	870.00
5406	Mileage Charge	1.00	0.00	0.00	0.00
5402	Casing Footage	43.00	0.00	0.00	0.00
5407A	Ton Mileage Delivery Charge	73.24	1.41	0.00	103.27
5502C	80 Vacuum Truck Cement	2.00	100.00	0.00	200.00
1124	Poz Cement Mix	35.00	11.50	30.00	281.75
1118B	Premium Gel / Bentonite	59.00	0.22	30.00	9.09
1111	Sodium Chloride (Granulated)	74.00	0.39	30.00	20.20
1110A	Kol Seal (50# BAG)	175.00	0.46	30.00	56.35
Sub Total					1,698.11
Discounted Amount					157.45
SubTotal After Discount					1,540.66

Amount Due 1,730.38 if paid after 12/18/2014

Tax: 22.59
 Total: 1,563.25



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 50558 ⁸⁸⁹/₈₁₆
LOCATION Attaw, KS
FOREMAN Casey Kennedy

INVOICE # 801920
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/5/14	3244	Young # A-2	Sw 11	22	16	CF
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			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 4.5 bpm

REMARKS: held safety, making, established circulation, mixed & pumped 35 sks
97% Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk
cement to surface, displaced cement w/ 1.6 bbls fresh water, shut in
casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870.00
54016	on lease	MILEAGE		
5402	43'	casing footage		
5402A	73.238	ton mileage		103.27
5802C	2 hrs	PO Use		200.00
1124	35 sks	97% Pozmix cement	402.50	
1118B	59 #	Gel	12.98	
1111	74 #	Salt	28.86	
1110A	175 #	Kalseal	80.50	
		materials	524.84	
		30%	157.45	
		Subtotal		367.39
			1945.39	
		Co. 15%		225.9
		SALES TAX		225.9
		ESTIMATED TOTAL		1563.25

Revin 3737

AUTHORIZATION No Co Rep. on location 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

INOICE

Invoice # 802005

Invoice Date: 11/20/2014

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

YOUNG #A-2

4595 K-33 HIGHWAY, **P.O. Box 128**
WELLSVILLE KS 66092
USA
7858834057

Part Number	Description	Qty	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.00	1,085.00	0.00	1,085.00
5406	Mileage Charge	45.00	4.20	0.00	189.00
5402	Casing Footage	1,117.90	0.00	0.00	0.00
5407A	Ton Mileage Delivery Charge	292.95	1.41	0.00	413.06
5502C	80 Vacuum Truck Cement	2.00	100.00	0.00	200.00
1124	Poz Cement Mix	144.00	11.50	30.00	1,159.20
1118B	Premium Gel / Bentonite	342.00	0.22	30.00	52.67
1111	Sodium Chloride (Granulated)	291.00	0.39	30.00	79.44
1110A	Kol Seal (50# BAG)	720.00	0.46	30.00	231.84
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					4,092.49
Discounted Amount					652.78
SubTotal After Discount					3,439.71

Amount Due 4,228.12 if paid after 12/20/2014

Tax: 95.49
Total: 3,535.20



CONSOLIDATED
Oil Well Services, LLC

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

INVOICE # 802005
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50641
LOCATION 07Hawa KS
FOREMAN Fred Mader

1607
957

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-14	3244	Young # A-2	SW 11	22	16	CF
CUSTOMER Altavista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Mader			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Har Bee			
			675 / Kai Det			
			548 / Pam Wha			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1123 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1117.9 DRILL PIPE Baffle in tubing @ 1087.9 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30' + Plug
DISPLACEMENT 632.02 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix Pump 100# Gal
Flush. Mix Pump 1440 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt
5# Kol Seal / sk. Cement to surface. Flush pump & lines clean.
Dis place 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	1085.00
5406	45 mi	MILEAGE		182.00
5402	1117.9	Casing Footage		NK
5407A	292.95	Ton Miles	548	413.00
5502C	2 hrs	80 BBL Vac Truck	675	200.00
1124	144 SKS	50/50 Poz Mix Cement	165.60	
1116B	342#	Premium Gel	75.34	
1111	291#	Granulated Salt	113.49	
1110A	720#	Kol Seal	331.20	
		Material	2175.23	
		Less 30%	- 652.28	
		Total		1523.15
4402	1	2 1/2" Rubber Plug		29.50
			4228.12	
		6.15%	SALES TAX	95.49
			ESTIMATED TOTAL	3535.20

Completed

AUTHORIZATION David Van Haren 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.