



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241473
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: _____



1241473

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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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 # 802053

Invoice Date: 11/21/2014 Terms: Net 30 Page 1

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

YOUNG A-3

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	42.90	0.00	0.00	0.00
5407A	Ton Mileage Delivery Charge	83.70	1.41	0.00	118.02
5502C	80 Vacuum Truck Cement	1.00	100.00	0.00	100.00
1124	Poz Cement Mix	40.00	11.50	30.00	322.00
1118B	Premium Gel / Bentonite	68.00	0.22	30.00	10.47
1111	Sodium Chloride (Granulated	81.00	0.39	30.00	22.11
1110A	Kol Seal (50# BAG)	200.00	0.46	30.00	64.40
Sub Total					1,686.57
Discounted Amount					179.57
SubTotal After Discount					1,507.00

Amount Due 1,723.38 if paid after 12/21/2014

Tax: 25.77
Total: 1,532.77



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50642

LOCATION Ottawa KS

FOREMAN Fred Maden

1029
980

Invoice # 902053

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/7/14	3244	Young # A-3	SW 21	22	16	CF
CUSTOMER Alta Vista Energy Inc						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66692			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Frc Mad		
			495	Har Boc		
			675	Ki Det		
			548	Down Wka		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 42.9 CASING SIZE & WEIGHT 7"
 CASING DEPTH 42.9 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'4
 DISPLACEMENT 1.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold Safety meeting. Establish circulation thru 7" casing.
Mix Pump 0.40 sk 50/50 Poz Mix Cement 2% Gel 5 1/2" Salt
5# Kal Seal/sk Cement to surface. Displace 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	42.9	Casing Footage		N/C
5407A	83:7	Ton Miles	548	118 ⁰³
5502C	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
1124	40 SKS	50/50 Poz Mix Cement	460 ⁰⁰	
1118B	65#	Premium Gel	1496	
1111	81#	Granulated Salt	3159	
1110A	200#	Kal Seal	92 ⁰⁰	
		Material	598 ⁵⁵	
		less 30%	-179 ⁵⁵	
		Total		418 ⁹⁹
			1723 ³⁸	
			6.15%	SALES TAX 25 ²¹
				ESTIMATED TOTAL 1532 ²⁵

Ravin 3737

AUTHORIZATION Daniel Van Horn 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# 802275

Invoice Date: 11/30/14 Terms: Net 30 Page 1

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

YOUNG #A-3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	45.000	4.2000	0.000	189.00
5402	Casing Footage	1,116.900	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	311.780	1.4100	0.000	439.61
5502C	80 Vacuum Truck Cement	2.000	100.0000	0.000	200.00
1124	Poz Cement Mix	149.000	11.5000	30.000	1,199.45
1118B	Premium Gel / Bentonite	351.000	0.2200	30.000	54.05
1111	Sodium Chloride (Granulated Salt)	300.000	0.3900	30.000	81.90
1110A	Kol Seal (50# BAG)	745.000	0.4600	30.000	239.89
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 4,193.53
 Discounted Amount 675.13
 SubTotal After Discount 3,518.40

Amount Due 4,333.74 If paid after 12/30/14

Tax: 98.69
 Total: 3,617.09



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

Invoice # 802275

TICKET NUMBER 50647

LOCATION Ottawa KS

FOREMAN Fred Maden

1229
1155

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-14	3244	Young # A.3	SW 11	22	16	CF
CUSTOMER <u>Altavista Energy Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			712	Fremad		
CITY <u>Wellsville</u>			495	HarBec		
STATE <u>KS</u>			675	Ki Dat		
ZIP CODE <u>66092</u>			503	Trotter		

JOB TYPE Long string HOLE SIZE 5 7/8" HOLE DEPTH 1124.40 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1116.90 DRILL PIPE Baffle in TUBING @ 10.85.90 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3i + Plug
 DISPLACEMENT 6.31 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100" Gel
Flush. Mix & Pump 149 sls 50/50 Poz Mix Cement 2% Gel 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 flood valve. Shut in casing.

Finney Drilling

Fred Maden

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	1116.90	Casing footage		NIC
5407A	311.78	Ton Miles	503	439 ⁶¹
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	149 sls	50/50 Poz Mix Cement	1713 ⁵⁰	
118B	351 #	Premium Gel	77 ²²	
1111	300 #	Granulated Salt	117 ⁰⁰	
110A	745 #	Kol Seal	342 ²⁰	
		Material	2250 ⁴²	
		Less 30%	- 675 ¹³	
		Total		1575 ²⁹
11402	1	2 1/2" Rubber Plug		295 ⁰⁰
			4333.75	
			SALES TAX	98.69
			ESTIMATED TOTAL	3617 ⁰⁹

completed

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.