



KANSAS CORPORATION COMMISSION 1241476
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:

Yes No

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1241476

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 802276

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 AI-1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surface	1.000	870.0000	0.000	870.00
5406	Mileage Charge	1.000	0.0000	0.000	0.00
5402	Casing Footage	42.900	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	83.700	1.4100	0.000	118.02
5502C	80 Vacuum Truck Cement	1.000	100.0000	0.000	100.00
1124	Poz Cement Mix	40.000	11.5000	30.000	322.00
1118B	Premium Gel / Bentonite	68.000	0.2200	30.000	10.47
1111	Sodium Chloride (Granulated Salt)	81.000	0.3900	30.000	22.11
1110A	Kol Seal (50# BAG)	200.000	0.4600	30.000	64.40

Subtotal 1,686.57
 Discounted Amount 179.57
 SubTotal After Discount 1,507.00

Amount Due 1,723.38 If paid after 12/30/14

Tax: 25.77
 Total: 1,532.77



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

TICKET NUMBER 50648
LOCATION Ottawa KS
FOREMAN Fred Mader

1230
1156

INVOICE #80276

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-14	3244	Young # A11	SW 11	22	16	CF
CUSTOMER Alta Vista Energy Inc						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		712	Fred Mad			
		495	Har Bec			
		675	Ki Det			
		503	Tro Hor			

JOB TYPE Longstring 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 safety meeting. Establish circulation thru 7" casing.
Mix & Pump 40 SKS 50/50 Por 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	870.00
5406	-	MILEAGE		NIC
5402	42.90	Casing footage		NIC
5407A	83.7	Ton Miles	503	1182.21
5502C	1 hr	80 BBL Vac Truck	675	100.00
1124	40 SKS	50/50 Por Mix Cement	460.00	
118B	68#	Premium Gel	1425	
1111	81#	Granulated Salt	31.59	
1110A	200#	Kol Seal	92.00	
		Material	598.55	
		Less 30%	-179.56	
				418.99
				1723.38
			6.52%	SALES TAX 25.22
				ESTIMATED TOTAL 1532.78

Completed

AUTHORIZATION No Co Report Site TITLE _____ DATE _____
 OK'd J Green

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 # 802114

Invoice Date: 11/24/2014

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

YOUNG # AI-1

4595 K-33 HIGHWAY, **P.O. BOX 129**
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	1,099.36	0.00	0.00	0.00
5407A	Ton Mileage Delivery Charge	303.41	1.41	0.00	427.81
5501C	Water Transport Cement	1.50	120.00	0.00	180.00
1124	Poz Cement Mix	145.00	11.50	30.00	1,167.25
1118B	Premium Gel / Bentonite	344.00	0.22	30.00	52.98
1111	Sodium Chloride (Granulated)	293.00	0.39	30.00	79.99
1110A	Kol Seal (50# BAG)	725.00	0.46	30.00	233.45
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					4,102.26
Discounted Amount					657.29
SubTotal After Discount					3,444.98

Amount Due 4,238.82 if paid after 12/24/2014

Tax: 96.13
Total: 3,541.11



Invoice # 80114

TICKET NUMBER 50651
 LOCATION Ottawa KS
 FOREMAN Fred Maden

1072
1088

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
11.14.14	3244	Young # A.T. 1	SW 11	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	Har Bes		
			505/7106	Mat Coc		
			667	Jef Smi		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1122 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1099.36 DRILL PIPE Baffles TUBING @ No Baffle OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' x Plug
 DISPLACEMENT 6.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 145 sks 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kal Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float 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	1099.36	Casing footage		N/C
5407A	303.41	Ten Miles	6	427 ⁸¹
55010	1 1/2 hr	Transport	505/7106	180 ⁰⁰
1124	145 sks	50/50 Por Mix Cement	1667 ⁵⁰	
1118B	344#	Premium Gel	75 ⁶⁸	
1111	293#	Granulated salt	114 ²⁷	
1110A	725#	Kal Seal	333 ⁵⁰	
		Material	2190 ²⁵	
		Less 30%	-657 ²⁸	
		Total		1533 ⁶⁷
41402	1	2 1/2" Rubber Plug		29 ⁵⁰
			4238.82	
		6.15%	SALES TAX	96 ¹³
			ESTIMATED TOTAL	3541 ¹¹

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.