



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241479
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: _____



1241479

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 - 24073 - 00 - 00

S. 11 T. 22 R. 16 E. W.

OPERATOR: ALTAVISTA ENERGY INC

LOCATION: NW SE SW SW

COUNTY: COFFEY

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

ELEV. GR.: 1037

DF: _____ KB: _____

WELL #: AI - 4 LEASE NAME: YOUNG

FOOTAGE LOCATION: 400 FEET FROM (N) (S) LINE 4395 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: DOUG EVANS

SPUD DATE: 11/14/2014

TOTAL DEPTH: 1122 P.B.T.D. _____

DATE COMPLETED: 11/19/2014

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	42.90	OWC	54	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1105	OWC		SERVICE COMPANY

WELL LOG

CORES: # _____

RECOVERED: _____

ACTUAL CORING TIME: _____

- RAN: 1 - FLOAT SHOE
 3 - CENTRALIZERS
 1 - BAFFLE
 1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	21
SAND & GRAVEL	21	30
LIME	30	36
SHALE	36	40
LIME	40	41
SHALE	41	229
LIME	229	249
SHALE	249	252
LIME	252	275
SHALE	275	361
LIME	361	379
SHALE	379	386
LIME	386	391
SHALE	391	431
LIME	431	490
SHALE	490	495
LIME	495	499
SHALE	499	545
KC LIME	545	596
SHALE	596	603
KC LIME	603	635
SHALE	635	640
KC LIME	640	651
SHALE	651	653
LIME	653	655
SHALE	655	812
LIME	812	818
SHALE & LIME	818	829
SHALE	829	832
LIME	832	840
SAND & SHALE	840	896
LIME	896	903
SAND & SHALE	903	922
LIME	922	926
SHALE	926	942
LIME	942	946
SAND & SHALE	946	965
LIME	965	969
SAND & SHALE	969	978
LIME	978	981

FORMATION	TOP	BOTTOM
SAND & SHALE	981	1013
CAP LIME	1013	1014
SHALE	1014	1017
CAP LIME	1017	1018
SAND & SHALE OIL	1018	1020
SAND & SHALE OIL	1020	1022
SAND & SHALE OIL	1022	1024
SHALE	1024	1026
SHALE	1026	1028
SHALE	1028	1030
SHALE	1030	1071
LIME	1071	1073
SAND & SHALE	1073	1093
LIME	1093	1096
SAND & SHALE	1096	1122 T.D.

GOOD SHOW
 GOOD SHOW
 FAIR SHOW



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 # 802115

Invoice Date: 11/24/2014

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

YOUNG AI-4

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

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
5501C	Water Transport Cement	1.00	120.00	0.00	120.00
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					1,706.57
Discounted Amount					179.57
SubTotal After Discount					1,527.00

Amount Due 1,743.38 if paid after 12/24/2014

Tax: 25.77
Total: 1,552.77



CONSOLIDATED
Oil Well Services, LLC

INVOICE #
82115

TICKET NUMBER 50652

LOCATION Ottawa KS

FOREMAN Fred Mader

1071
1039

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	3255	Young # A.I. 4	SW 11	22	16	CF
CUSTOMER Altavista Energy						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		712	Fred Mader			
		495	Har Boc			
		505/7106	Max Coc			
		667	Jeff Smi	(Eureka)		

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'
 DISPLACEMENT 1.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety Max. 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.

Finner Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface Cement	495	870 ⁰⁰
5406	-	MILEAGE		NK
5402	42.9	Casing Footage		NK
5407A	83.7	Surface Ton Miles	667	118 ⁰⁰
5501C	1 hr	Transport	505/7106	120 ⁰⁰
1124	40 sks	50/50 Por Mix Cement	460 ⁰⁰	
1118B	68 [#]	Premium Gel	14 ⁹⁶	
1111	81 [#]	Granulated Salt	31 ⁵⁹	
1110H	200 [#]	Kol Seal	92 ⁰⁰	
		Material	598 ⁵⁵	
		Less 30%	-179 ⁵⁵	
		Total		418 ⁹⁹
			1743.38	
			6.5%	SALES TAX
				ESTIMATED
				TOTAL

Completed

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

INOICE

Invoice # 802118

Invoice Date: 11/24/2014

Terms: Net 30

Page 1

ALTAVISTA ENERGY INC

YOUNG #AI-4

4595 K-33 HIGHWAY, *PO. 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	1,105.00	0.00	0.00	0.00
5407A	Ton Mileage Delivery Charge	334.80	1.41	0.00	472.07
5502C	80 Vacuum Truck Cement	2.50	100.00	0.00	250.00
1124	Poz Cement Mix	160.00	11.50	30.00	1,288.00
1118B	Premium Gel / Bentonite	369.00	0.22	30.00	56.83
1111	Sodium Chloride (Granulated	323.00	0.39	30.00	88.18
1110A	Kol Seal (50# BAG)	800.00	0.46	30.00	257.60
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					4,440.72
Discounted Amount					724.55
SubTotal After Discount					3,716.18

Amount Due 4,591.06 if paid after 12/24/2014

Tax: 105.79
Total: 3,821.97



CONSOLIDATED
Oil Well Services, LLC

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

Invoice #802118

TICKET NUMBER 50686
LOCATION Ottawa KS
FOREMAN Fred Maden

1078
1045

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11.19.14	3244	Young # AI-4	SW 11	22	16	CF
CUSTOMER: Altavista Energy Inc			TRUCK #			
MAILING ADDRESS: P.O. Box 128			DRIVER			
CITY: Wellsville		STATE: KS	ZIP CODE: 66092	TRUCK #		
				DRIVER		
				712	Fre Mad	
				495	Hor Bec	
				369	Mik Haag	
				503	Trothor	

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1122 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 9105 DRILL PIPE Baffle in TUBING @ 10 75' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 6.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100 BBL Gel Flush. Mix Pump 160 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 baffle in casing. 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	1105	Casing footage		N/C
5407A	334.8	Ton Miles	503	472 ⁰⁷
5502C	2 1/2 hrs	80 BBL Vac Truck	369	250 ⁰⁰
1124	160 sks	50/50 Por Mix Cement	1840 ⁰⁰	
115B	369*	Premium Gel	81 ¹⁸	
1111	323*	Granulated Salt	125 ²⁷	
1110A	800*	Kal Seal	368 ⁰⁰	
		Material	2415 ¹⁵	
		Less 38%	- 724 ⁵⁴	
		Total		1690 ⁶¹
4402	1	2 1/2" Rubber Plug		295 ⁰⁰
			4591.07	
			6.15%	SALES TAX
				ESTIMATED TOTAL
				105 ²⁹
				3821 ²⁷

Completed

OKB J.Green

AUTHORIZATION No Co Repair 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.