



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#

803022

Invoice Date: 01/18/15

Terms: Net 30

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

BALDWIN UNIT #DW-12

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5405N	P & A New Wells	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	20.000	4.2000	0.000	84.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
5502C	80 Vacuum Truck Cement	1.500	100.0000	0.000	150.00
1124	Poz Cement Mix	20.000	11.5000	30.000	161.00
1118B	Premium Gel / Bentonite	34.000	0.2200	30.000	5.24

Subtotal 1,924.48

Discounted Amount 71.24

SubTotal After Discount 1,853.24

Amount Due 1,941.46 If paid after 02/17/15

Tax: 11.88

Total: 1,865.12



FIELD TICKET & TREATMENT REPORT

CEMENT

REPORT
Invoice #803022

TICKET NUMBER 50801

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-15	3244	Baldwin Unit # DW-12	SW 1	15	20	DG
CUSTOMER						
Alta Vista Energy						
MAILING ADDRESS						
P.O. Box 128						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wellsville	KS	66092	712	Fremad		
			495	Har Bee		
			369	Mik Hoo		
			503	Tro Hor		

JOB TYPE Plug HOLE SIZE N/A HOLE DEPTH 950' CASING SIZE & WEIGHT 2"
CASING DEPTH 950' DRILL PIPE 1" TUBING TD OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 BPM
REMARKS: Hold safety meeting. Rig ran 1" tubing to TD. Fill to
Surface w/ Cement. Pull 1" tubing - Top off well
w/ Cement. Wash out 1" tubing.
Total - 20 sks 50/50 por mix Cement 2% Gel

Fred Madson

[illegible]

AUTHORIZATION

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.