



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251952
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: _____



1251952

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

Invoice Invoice# 803962

Invoice Date: 04/10/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HWY, PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

A-7
 YOUNG #AA

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surface	1.000	870.0000	10.000	783.00
5406	Mileage Charge	1.000	0.0000	0.000	0.00
5402	Casing Footage	43.300	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	74.400	1.4100	10.000	94.41
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	40.000	11.5000	30.000	322.00
1118B	Premium Gel / Bentonite	67.000	0.2200	30.000	10.32
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 1,723.23
 Discounted Amount 291.99
 SubTotal After Discount 1,431.24

Amount Due 1,760.03 If paid after 05/10/15

Tax: 25.76
 Total: 1,457.00



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 803962 ²⁶²⁷/₂₅₆₀

TICKET NUMBER 50934

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.15	3244	Young # A-1 A-1	SW 11	22	16	CF
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			712 / <u>Fre Mad</u>			
CITY <u>Wellsville</u>			495 / <u>Har Brc</u>			
STATE <u>KS</u>			675 / <u>Mike Det</u>			
ZIP CODE <u>66092</u>			548 / <u>Art Mad</u>			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 43.30 CASING SIZE & WEIGHT 7"
 CASING DEPTH 43.30 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' +
 DISPLACEMENT 1.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety muting. Establish circulation thru 7" casing.
Mix Pump #48 SKS 50/50 Por Mix Cement 2% Gel 5% Salt
5# Kol Seal/sk. Cement to surface. Flush pump & lines clean.
Displace 7" casing clean w/ 1.8 BBL water. Shut in casing.

Finney Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE Surface Cement	495 870.00	
54060	-	MILEAGE	NIC	
5402	43.30	Casing Footage	NIC	
5407M	74.4	Ton Miles	548 104.80	
5502C	1 1/2 hr	80 BBL Vac Truck	675 150.00	
		Sub Total	1124.80	
		Less 10%	-112.48	1012.32
1124	40 SKS	50/50 Por Mix Cement	460.00	
1118B	67#	Premium Gel	14.24	
111	81#	Granulated Salt	31.59	
1110A	200#	Kol Seal	92.00	
		Material	598.83	
		less 30%	-179.65	419.18
				418.23
			6.15%	SALES TAX 25.26
				ESTIMATED TOTAL 1457.00

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 8/17/02

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

Invoice Invoice# 803982

Invoice Date: 04/14/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HWY, PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

young #a-7

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	10.000	976.50
5406	Mileage Charge	40.000	4.2000	10.000	151.20
5402	Casing Footage	1,101.000	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	279.000	1.4100	10.000	354.05
5502C	80 Vacuum Truck Cement	2.000	100.0000	10.000	180.00
1124	Poz Cement Mix	150.000	11.5000	30.000	1,207.50
1118B	Premium Gel / Bentonite	352.000	0.2200	30.000	54.21
1111	Sodium Chloride (Granulated Salt)	302.000	0.3900	30.000	82.45
1110A	Kol Seal (50# BAG)	750.000	0.4600	30.000	241.50
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 4,141.11
 Discounted Amount 864.21
 SubTotal After Discount 3,276.90

Amount Due 4,282.24 If paid after 05/14/15

Tax: 99.33
 Total: 3,376.24



CONSOLIDATED
Oil Well Services, LLC

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

2646
2580
INVOICE # 1803982

TICKET NUMBER 50935

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-15	3244	Young # A-7	Sw 11	22	16	CF

CUSTOMER
Altaivista Energy

MAILING ADDRESS
P.O. Box 128

CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fremad		
495	Harbec		
675	Kel Det		
548	Art Mob		

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1111 CASING SIZE & WEIGHT 2 7/8 10 RD

CASING DEPTH 1101 DRILL PIPE Baffle TUBING @ 1071 OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug

DISPLACEMENT 6.23 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety Meeting. Establish Circulation Mix + Pump 100# Gel Flush. Mix + Pump 150 sks 50/50 Poz Mix Cement 2 7/8 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle. 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	40 mi	MILEAGE	495	165 ⁰⁰
5402	1101	Casing footage	N/C	
5407A	279	Ton Miles.	548	393 ³⁹
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
		Sub Total		1846 ³⁹
		Less 10%		-184 ⁶⁴
				1661 ⁷⁵
1124	150 sks	50/50 Poz Mix Cement	1725 ⁰⁰	
1118B	352#	Premium Gel	77 ⁴⁴	
1111	302#	Granulated Salt	117 ⁷⁵	
1110A	450#	Kol Seal	345 ⁰⁰	
		Material	2265 ⁰⁰	
		Less 30%	-679 ⁵¹	
		Total		1585 ⁴⁹
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			6.15%	SALES TAX 99 ³³
				ESTIMATED TOTAL 3376 ⁸²

AVIN 3737 **Completed**

AUTHORIZATION Norvy- TITLE _____ DATE 4-28-24

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.