



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251958
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: _____



1251958

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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DRILLERS LOG

API NO: 15 - 031 - 24074 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

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

WELL #: AI - 3 LEASE NAME: YOUNG

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

LOCATION: NW SW SW SW

COUNTY: COFFEY

ELEV. GR.: 1041 Est

DF: KB:

FOOTAGE LOCATION: 495 FEET FROM (N) (S) LINE 5115 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: DOUG EVANS

SPUD DATE: 4/1/2015

TOTAL DEPTH: 1111 P.B.T.D.

DATE COMPLETED: 4/7/2015

OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

Table with columns: PURPOSE OF STRING, SIZE HOLE DRILLED, SIZE CASING SET (in O.D.), WEIGHT LBS/FT, SETTING DEPTH, TYPE CEMENT, SACKS, TYPE AND % ADDITIVES. Rows include SURFACE and PRODUCTION data.

WELL LOG

CORES: #1 - 1020.50 - 1035

RECOVERED:

ACTUAL CORING TIME:

RAN: 1 - FLOAT SHOE

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION log table with columns: FORMATION, TOP, BOTTOM. Lists various geological layers from TOP SOIL down to OIL SAND.

FORMATION log table with columns: FORMATION, TOP, BOTTOM. Lists geological layers from SAND & SHALE OIL down to OIL SAND.



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# 803913

Invoice Date: 04/07/15 Terms: Net 30 Page 1

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

YOUNG #AI-3

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	43.400	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 05/07/15

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

2576
2509

Invoice # 803913

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50908

LOCATION Ottawa KS

FOREMAN Fred Madu

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-1-15	3244	Young #AZ-3	SW 1/4	22	16	CF
CUSTOMER			TRUCK #			
ALHAVIS Energy			712 / Fred Madu			
MAILING ADDRESS			495 / Har Boc			
P.O. Box 128			675 / Kai Det			
CITY			548 / Gav Mac			
Wellsville						
STATE						
KS						
ZIP CODE						
66092						

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>43.40</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>43.40</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>10'4"</u>
DISPLACEMENT <u>1.8 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>43 PPM</u>

REMARKS: Hold safety meeting. Establish circulation thro 7" casing.
Mix & Pump 40 SKS 50/50 Poz Mix Cement 270 Gal 5% Salt 5"
Kol Seal/sk. Cement to surface. Displace casing clean w/
1.8 BBL water Slur in casing.

Finney Drilling

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015 /	1	PUMP CHARGE Surface Cement 495	870.00	
5406 /	-	MILEAGE	N/C	
5402 /	43.40	Casing footage	N/C	
5407A /	74.4	Ton Miles 548	104.70	
5502C /	1 1/2 hr	80 BBL Vac Trucks 675	150.00	
		Sub Total	1124.70	
		Less 10%	-112.47	1012.23
1124 /	40	50/50 Poz 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	
		Total		418.18
		6.15%	SALES TAX	25.76
			ESTIMATED	
			TOTAL	1457.00

completed

Ravin 3737

AUTHORIZATION No rep

TITLE

DATE

17 (6.23)

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# 803931

Invoice Date: 04/09/15 Terms: Net 30 Page 1

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

YOUNG A13

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	1,098.120	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	260.400	1.4100	10.000	330.45
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	140.000	11.5000	30.000	1,127.00
1118B	Premium Gel / Bentonite	335.000	0.2200	30.000	51.59
1111	Sodium Chloride (Granulated Salt)	282.000	0.3900	30.000	76.99
1110A	Kol Seal (50# BAG)	700.000	0.4600	30.000	225.40
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 3,915.34
 Discounted Amount 811.72
 SubTotal After Discount 3,103.62

Amount Due 4,047.27 If paid after 05/09/15

Tax: 92.89
 Total: 3,196.52



CONSOLIDATED
Oil Well Services, LLC

Invoice # **803931** ²⁶⁰² ₂₅₃₇

TICKET NUMBER 50929

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-7-15	2355	Young # A I 3	S W 11	22	16	CF
CUSTOMER			TRUCK #			
Altavista Energy			712	Fred Mader		
MAILING ADDRESS			495	Har Bek		
P.O. Box 128			675	Kei Det		
CITY	STATE	ZIP CODE	804	Gar Moo		
Wellsville	KS	66092				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1111 CASING SIZE & WEIGHT 2 7/8 . EUE
 CASING DEPTH 9198.12 DRILL PIPE 1068 TUBING Baffle OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' x Plug
 DISPLACEMENT 6.21 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100# Gel flush. Mix & Pump 140 sks 50/50 Por Mix Cement 270 gal 5% Salt 5# Kel 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.

Finneg 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	16800
5402	1098.12	Casing footage		NK
5407A	260.4	Ton Miles	804	367.16
5502C	1 1/2 hr	80 BBL Vac Truck	675	150.00
		Sub Total		1770.16
		Less 10%		-177.02
				1593.14
1124	140 sks	50/50 Por Mix Cement	1610.00	
1118B	335#	Premium Gel	732.00	
1111	282#	Granulated Salt	109.98	
1110A	700#	Kel Seal	322.00	
		Material	2115.68	
		Less 30%	-634.70	
		Total		1480.98
4402	1	2 1/2" Rubber Plug		29.00
			6.15%	SALES TAX 92.87
				ESTIMATED TOTAL 3196.50

Rev'n 3737 AUTHORIZATION [Signature] TITLE _____ DATE 4/24/27

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.