



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251962
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: _____



1251962

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> <i>(Submit ACO-4)</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# 803838

Invoice Date: 03/31/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 4595 K-33 HWY, PO BOX 128 young #AI-5
 WELLSVILLE KS 66092
 USA
 7858834057

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	43.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	0.500	368.0000	10.000	165.60
5502C	80 Vacuum Truck Cement	3.000	100.0000	10.000	270.00
1124	Poz Cement Mix	35.000	11.5000	30.000	281.75
1118B	Premium Gel / Bentonite	118.000	0.2200	30.000	18.17
1102	Calcium Chloride (50#)	50.000	0.7800	30.000	27.30

Subtotal 1,821.46
 Discounted Amount 275.64
 SubTotal After Discount 1,545.82
 Amount Due 1,850.21 If paid after 04/30/15

Tax: 20.12
 Total: 1,565.94



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 803838

2542
2176

TICKET NUMBER 50871
LOCATION Ottawa, KS
FOREMAN Casen Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3/30/15	3244	Young # AI-5	SW 11	22	16	CF	
CUSTOMER Attavista Energy			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS PO Box 128			729	Cas Ken	✓	Saddy Machine	
CITY STATE ZIP CODE Wellsville KS 66092			467	Kei Car	✓		
			548	Danahy	✓		
			125	Kei Det	✓		
JOB TYPE	surface	HOLE SIZE	12 1/4"	HOLE DEPTH	43'	CASING SIZE & WEIGHT	7" H
CASING DEPTH	43'	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	5'
DISPLACEMENT	1.6 bbls	DISPLACEMENT PSI		MIX PSI		RATE	4 bpm
REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 9% Pozmix cement w/ 4% gel per sk w/ Calcium Chloride water, cement to surface, displaced cement w/ 1.6 bbls fresh water, shut in casing.							

CSK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	
5406	on lease	MILEAGE		
5402	43'	casing footage		
5407	1/2 min	low mileage	184.00	
5502c	3 hrs	80 Vac	300.00	
		trucks	1354.00	
		-10%	135.40	
		Subtotal		1218.60
1124	35 sks	9% Pozmix cement	402.50	
118B	118 #	Gel	25.96	
1102	50 #	Calcium Chloride	39.00	
		materials	467.46	
		-30%	140.24	
		Subtotal		327.22
		6.15%	SALES TAX	20.12
			ESTIMATED TOTAL	1565.94

Completed

RAVIN 3737 AUTHORIZATION [Signature] TITLE _____ DATE 1850.02

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# 803914

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 #AI5

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	1,090.000	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	265.980	1.4100	10.000	337.53
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	143.000	11.5000	30.000	1,151.15
1118B	Premium Gel / Bentonite	343.000	0.2200	30.000	52.82
1111	Sodium Chloride (Granulated Salt)	288.000	0.3900	30.000	78.62
1110A	Kol Seal (50# BAG)	715.000	0.4600	30.000	230.23
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 3,968.71
 Discounted Amount 826.16
 SubTotal After Discount 3,142.55

Amount Due 4,103.44 If paid after 05/07/15

Tax: 94.85
 Total: 3,237.40



CONSOLIDATED
Oil Well Services, LLC

2577
2510
Invoice # 803914

TICKET NUMBER 50909
LOCATION Ottawa KS
FOREMAN Fred Maden

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
4.1.15	3244	Young # A I 5	SW 11	22	16	CF
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fre Mad /			
CITY STATE ZIP CODE Wenhsuille KS 66092			495 / Har Bee /			
			675 / Kai Det /			
			548 / Gar Moo /			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1101 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1090 DRILL PIPE Baffle in TUBING @ 1062 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 28' + Plug
DISPLACEMENT 6.1738 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100#
Gel flush. Mix & Pump 143 sks 50/50 Poz Mix Cement 2% Gel
5% Salt 5# Kol 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	40 mi	MILEAGE	495	168 ⁰⁰
5402	1090	Casing footage	N/C	
5407A	265.98	Ton Miles	548	375 ⁰³
5502C	1 1/2 hr	80 BBC Vac Truck	675	150 ⁰⁰
		Sub Total		1778 ⁰³
		less - 10%		- 177 ⁸⁰
				1600 ²³
1124	143 sks	50/50 Poz Mix Cement	1644 ⁵⁰	
118B	343 #	Premium Gel	75 ⁴⁰	
111	288 #	Granulated Salt	112 ³³	
110A	715 #	Kol Seal	328 ⁹⁰	
		Material	2161 ¹⁸	
		less 30%	- 648 ³⁵	
		Total		1512 ⁸³
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
				1542 ³³
			6.15%	SALES TAX 94 ⁸⁵
				ESTIMATED TOTAL 3237 ⁴⁰

Revin 3737 **completed** DATE 4.10.14

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.