



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251963
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
-----------------------------------	-----------------	---

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: _____



1251963

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
--	---

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: _____ _____
--	---	---



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# 803783

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

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

YOUNG AI-7

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	42.000	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	68.820	1.4100	10.000	87.33
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	37.000	11.5000	30.000	297.85
1118B	Premium Gel / Bentonite	62.000	0.2200	30.000	9.55
1111	Sodium Chloride (Granulated Salt)	75.000	0.3900	30.000	20.48
1110A	Kol Seal (50# BAG)	185.000	0.4600	30.000	59.57

Subtotal 1,670.53
 Discounted Amount 277.75
 SubTotal After Discount 1,392.78

Amount Due 1,704.57 If paid after 04/29/15

Tax: 23.83
 Total: 1,416.61



CONSOLIDATED
Oil Well Services, LLC

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

\$2486
2422

INVOICE # 83793
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50898
LOCATION Ottawa KS
FOREMAN Fred Madur

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-23-15	3244	Young # A.I. 7	SW 11	22	16	CF
CUSTOMER AltaVista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Madur			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Har Bec			
			675 / Kei Det			
			558 / Bru Bir			
JOB TYPE	SURFACE	HOLE SIZE	12 1/4	HOLE DEPTH	CASING SIZE & WEIGHT 7"	
CASING DEPTH		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 meeting. Establish circulation thru 7" casing Mix Pump 37 sks 50/50 Poz Mix Cement 2% Gal 5% Salt 5# Nol Seal / sk. Cement to surface. Fresh water Displace Casing clean w/ 1.8 BBL Fresh Water. Shot in casing.						

Finneg Drilling

Fred Madur

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	42'	Casing footage		N/C
5407A	68.82	Ton Miles	558	97.09
5502C	1 1/2	80 BBL Vac Truck	675	150.00
		Sub Total		1117.04
		less 10%		- 111.70
				1005.34
1124	37 SKS	50/50 Poz Mix Cement	425.00	15725.00
116B	62#	Premium Gal	13.64	846.08
111	75#	Granulated Salt	29.85	2238.75
1110A	185#	Nol Seal	85.10	15743.50
		Material		553.49
		less 30%		- 166.05
		Total		387.44
4102		2 1/2" Rubber Stop		2.00
			6.15%	SALES TAX 23.83
				ESTIMATED TOTAL 1416.61

Ravin 3737

AUTHORIZATION Her Lee TITLE _____ DATE 1704.57

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# 803792

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

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

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	1,095.000	0.0000	0.000	0.00
5407A	Ton Mileage Delivery Charge	251.100	1.4100	10.000	318.65
5502C	80 Vacuum Truck Cement	1.500	100.0000	10.000	135.00
1124	Poz Cement Mix	135.000	11.5000	30.000	1,086.75
1118B	Premium Gel / Bentonite	327.000	0.2200	30.000	50.36
1111	Sodium Chloride (Granulated Salt)	272.000	0.3900	30.000	74.26
1110A	Kol Seal (50# BAG)	675.000	0.4600	30.000	217.35
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 3,827.57
 Discounted Amount 788.01
 SubTotal After Discount 3,039.56

Amount Due 3,954.91 If paid after 04/29/15

Tax: 89.68
 Total: 3,129.25



CONSOLIDATED
Oil Well Services, LLC

Invoice # **805792**

2495
2493

TICKET NUMBER 50901
LOCATION Ottawa KS
FOREMAN Fred Madu

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
3.25.15	2374	Young # A.I.7	SW 31	22	16	CF
CUSTOMER Alkavista Energy			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 66092		TRUCK #	
					DRIVER	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1122 CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 1095 DRILL PIPE Baffle in TUBING @ 1065 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30' x Plug
 DISPLACEMENT 6.19 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100*
 Gel Flush. Mix + Pump 135 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
 Valved Shut in Casing.

Kurt Finney Drilling

Fred Madu

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	16820
5402	1095	Casing footage	N/C	
5407A	251.10	Ten Miles	558	35425
5502C	1 1/2 hr	80 BBL Vac Truck	675	1500
		Sub Total		1757.05
		Less 10%		-175.71
				1581.34
1124	135 SKS	50/50 Poz Mix Cement	1552.50	
116PB	327#	Premium Gel	71.94	
111	272#	Granulated Salt	106.08	
1110A	675#	Kol Seal	310.50	
		Material	2041.02	
		Less 20%	-612.31	1428.71
4402	1	2 1/2" Rubber plug		29.50
			6.15%	SALES TAX 89.68
				ESTIMATED TOTAL 3120.35

AUTHORIZATION No rep TITLE _____ DATE 3.25.15
 Ravin 3737

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.