



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261172
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: _____



1261172

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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DRILLERS LOG

API NO: 15 - 031 - 24171 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INCADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092WELL #: AI - 1ALEASE NAME: DK GLEUES. 11 T. 22 R. 16 E. W.LOCATION: SE SE SECOUNTY: COFFEYELEV. GR.: 1065

DF: _____

KB: _____

FOOTAGE LOCATION: 330 FEET FROM (N) (S) LINE 330 FEET FROM (E) (W) LINECONTRACTOR: FINNEY DRILLING COMPANYGEOLOGIST: DOUG EVANSSPUD DATE: 6/23/2015TOTAL DEPTH: 1150 P.B.T.D. _____DATE COMPLETED: 6/25/2015OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

CASING RECORD

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

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	43.40	OWC	51	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1141.85	OWC	139	SERVICE COMPANY

WELL LOG

CORES: # _____

RECOVERED: _____

ACTUAL CORING TIME: _____

RAN: 1 - FLOAT SHOE

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	30
SAND & GRAVEL	30	39
LIME	39	40
SHALE	40	46
LIME	46	51
SHALE	51	236
LIME	236	278
SHALE	278	319
LIME	319	374
SHALE	374	444
LIME	444	501
RED SHALE	501	510
LIME	510	515
SHALE	515	556
KC LIME	556	616
SHALE	616	620
KC LIME	620	642
SHALE	642	649
KC LIME	649	669
SHALE	669	755
LIME	755	756
SHALE	756	809
LIME	809	812
SHALE	812	831
LIME	831	858
SAND & SHALE	858	912
LIME	912	917
SAND & SHALE	917	938
LIME	938	944
SAND & SHALE	944	954
LIME	954	965
SAND & SHALE	965	983
LIME	983	986
SAND & SHALE	986	997
LIME	997	1002
SHALE	1002	1032
CAP LIME	1032	1033
SHALE	1033	1036
CAP LIME	1036	1037

FORMATION	TOP	BOTTOM
OIL SAND & SHALE <small>GOOD SHOW</small>	1037	1038
OIL SAND & SHALE <small>GOOD SHOW</small>	1038	1040
OIL SAND <small>GOOD SHOW</small>	1040	1042
SAND & SHALE OIL <small>SURFH SHOW</small>	1042	1044
SAND & SHALE <small>NO SHOW</small>	1044	1046
SAND & SHALE	1046	1081
LIME	1081	1083
SHALE	1083	1086
LIME	1086	1087
SHALE	1087	1092
LIME	1092	1094
SAND & SHALE	1094	1150 T.D



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# 804664

Invoice Date: 06/28/15 Terms: Net 30 Page 1

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

DK Gleve #AI-1A

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	46.000	810.00
CE0002	Equipment Mileage Charge - Heavy Equipment	1.000	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	46.000	356.40
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	46.000	81.00
CC5870	Surface Blend I, 2% CaCl	32.000	22.0000	46.000	380.16
CC5965	Bentonite	60.000	0.3000	46.000	9.72

Subtotal 3,032.00
 Discounted Amount 1,394.72
 SubTotal After Discount 1,637.28

Amount Due 3,076.40 If paid after 07/28/15

Tax: 23.98
 Total: 1,661.26

3254

3176



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 84664
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 51050

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6.23.15	3244	D K Gleave # AI- 1A	SE 11	22	16	CF
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P. O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>712</u>	<u>Fred Mader</u>		
			<u>495</u>	<u>Har Bee</u>		
			<u>369</u>	<u>Mik Har</u>		
			<u>503</u>	<u>Arl McB</u>		

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

REMARKS: Hold safety meeting. Establish circulation thru 7" casing.
Mix + Pump 32 SKS Surface blend cement I.A. 2 1/2 Gal.
Cement to surface. Displace 7" casing clean with 1.8 BBL water.
Shut in casing.

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>GE0450</u>	<u>1</u>	<u>PUMP CHARGE Surface.</u>	<u>495</u>	<u>1500.00</u>
<u>CE0602</u>	<u>1</u>	<u>MILEAGE</u>	<u>416</u>	<u>1664.00</u>
<u>CE0711</u>	<u>Minimum</u>	<u>Ton Miles Delivery</u>	<u>503</u>	<u>660.00</u>
<u>WE0853</u>	<u>1 1/2 hr</u>	<u>80 BBL Vac Truck</u>	<u>367</u>	<u>1501.00</u>
		<u>Sub Total</u>		<u>2310.00</u>
		<u>Less 46%</u>		<u>-1062.66</u>
				<u>1247.40</u>
<u>CC5970</u>	<u>4756</u>	<u>32 SKS Surface Blend I. Cement</u>	<u>70.40</u>	<u>334832.00</u>
<u>CC5965</u>	<u>60#</u>	<u>Bentonite Gel</u>	<u>18.00</u>	<u>1080.00</u>
		<u>Sub Total</u>		<u>722.00</u>
		<u>Less 46%</u>		<u>-332.12</u>
				<u>389.88</u>
				<u>1637.28</u>
		<u>6.15%</u>	SALES TAX	<u>23.98</u>
			ESTIMATED TOTAL	<u>1661.26</u>

Ravin 3737

AUTHORIZATION Harvey No Co Reopen Site

TITLE _____

DATE _____

3076.40

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# 804683

Invoice Date: 06/28/15 Terms: Net 30 Page 1

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

DK GLEUE # AI-1A

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	46.000	810.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	46.000	154.44
CE0711	Minimum Cement Delivery Charge	0.500	660.0000	46.000	178.20
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	46.000	81.00
CC5840	Poz-Blend I A (50:50)	130.000	13.5000	46.000	947.70
CC5965	Bentonite	319.000	0.3000	46.000	51.68
CC5326	Sodium Chloride, Salt	240.000	0.7500	46.000	97.20
CC6077	Kolseal	650.000	0.5000	46.000	175.50
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 4,666.70
 Discounted Amount 2,146.68
 SubTotal After Discount 2,520.02

Amount Due 4,814.34 If paid after 07/28/15

Tax: 79.73
 Total: 2,599.75



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 801683 ³²⁷⁶ ₃₁₉₄

TICKET NUMBER 49683
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-25-15	3244	DK Gleue # AI-1A	SE 11	16	21	CF
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>5712 / Fre Mad</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			<u>495 / Har Bee</u>			
			<u>369 / Mik Hoar</u>			
			<u>510 / Bro Bir</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1150' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 914' DRILL PIPE Baffle in TUBING 1 1/2 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' Plug
DISPLACEMENT 6.46 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish circulation Mix Pump 100*
Gel Flush. Mix Pump 130 sks Poz Blend IA. 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>495</u>	<u>1500.00</u>
<u>CE0002</u>	<u>40 mi</u>	<u>MILEAGE</u>	<u>495</u>	<u>286.00</u>
<u>CE0710</u>	<u>1/2 Minimum</u>	<u>Top Miles Delivery</u>	<u>516</u>	<u>330.00</u>
<u>WE0853</u>	<u>1 1/2 hr</u>	<u>80 BBL Vac Truck</u>	<u>369</u>	<u>150.00</u>
		<u>Sub Total</u>		<u>2266.00</u>
		<u>Less 46%</u>		<u>-1042.24</u>
				<u>1223.64</u>
<u>CC5840</u>	<u>130 sks</u>	<u>Poz Blend IA Cement</u>		<u>1755.00</u>
<u>CC5965</u>	<u>319 #</u>	<u>Bentonite Gel</u>		<u>95.20</u>
<u>CC5321</u>	<u>240 #</u>	<u>Sodium Chloride - Salt</u>		<u>180.00</u>
<u>CC6077</u>	<u>650 #</u>	<u>Kol Seal</u>		<u>325.00</u>
<u>CP8176</u>	<u>1</u>	<u>2 1/2" Rubber Plug</u>		<u>45.00</u>
		<u>Sub Total</u>		<u>2400.20</u>
		<u>Less 46%</u>		<u>-1104.32</u>
				<u>1296.38</u>
			<u>6.15%</u>	<u>SALES TAX</u>
				<u>ESTIMATED</u>
				<u>TOTAL</u>

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

279.75
2599.75
(4814.34)

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.