



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262913
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: _____



1262913

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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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# 804112

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

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

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surface	1.000	870.0000	30.000	609.00
5406	Mileage Charge	1.000	0.0000	0.000	0.00
5402	Casing Footage	43.400	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	30.000	257.60
5502C	80 Vacuum Truck Cement	1.000	100.0000	30.000	70.00
1104S	Class A Cement	55.000	15.7000	30.000	604.45
1118B	Premium Gel / Bentonite	104.000	0.2200	30.000	16.02
1105	Cottonseed Hulls	45.000	0.4600	30.000	14.49

Subtotal 2,245.08
 Discounted Amount 673.52
 SubTotal After Discount 1,571.56
 Amount Due 2,300.87 If paid after 05/30/15

Tax: 39.05
 Total: 1,610.61



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 804112 2774
2998

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 50965
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-29-15	3244	Rolf # A-5	SE 10	16	22	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altauista Energy MAILING ADDRESS P.O. Box 125 CITY Wellsville STATE KS ZIP CODE 66092			712	Fred Mader		
			495	Har Bae		
			675	Kei Det		
			804	Gar Man		

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' +
 DISPLACEMENT 1.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.3 PM
 REMARKS: Hold Safety mixing Establish circulation thru 7" casing Mix + Pump 55 bbls class "A" Cement 2% Gel. Cement to surface. Displace 7" casing clean w/ 1.8 BBL water. Shut in casing.

Finney Drilling

Fred Mader

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	
5407	Minimum	Ten Miles	804	368 ⁰⁰
5502C	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
		Sub Total		1338 ⁰⁰
		Less 30%		-401 ⁴⁰
				936 ⁶⁰
11045	55 sks	Class "A" Cement	863 ⁵⁰	
11188	104*	Premium Gel	22 ⁸⁸	
1105	45*	Cotton Seed hulls Material	20 ²⁰	
		Less 30%		-272 ¹²
				6349 ⁶⁰
			6.15%	SALES TAX 39 ⁰⁵
				ESTIMATED TOTAL 1610 ⁶¹

Completed

Flavin 3737
 AUTHORIZATION No Rep TITLE _____ DATE 2300.87

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# 804207

Invoice Date: 05/18/15 Terms: Net 30 Page 1

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

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,085.0000	30.000	759.50
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	4.2000	30.000	117.60
CE0461	Cement Pump Charge Below 12000'	1,125.300	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	247.380	1.4100	30.000	244.16
WE0853	80 BBL Vacuum Truck (Cement Services)	1.500	100.0000	30.000	105.00
CC5840	Poz-Blend I A (50:50)	133.000	11.5000	30.000	1,070.65
CC5965	Bentonite	323.000	0.2200	30.000	49.74
CC5326	Sodium Chloride, Salt	268.000	0.3900	30.000	73.16
CC6077	Kolseal	665.000	0.4600	30.000	214.13
CP8176	2 7/8" Top Rubber Plug	1.000	29.5000	30.000	20.65

Subtotal 3,792.29
 Discounted Amount 1,137.69
 SubTotal After Discount 2,654.60

Amount Due 3,917.78 If paid after 06/17/15

Tax: 87.84
 Total: 2,742.43



CONSOLIDATED
Oil Well Services, LLC

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

2839
Invoice # 804207 / 2154

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50988
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-15	3244	ROLF # A-5	SE 16	22	16	CF
CUSTOMER Alta Vista Energy			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsite			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1137 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1125.30 DRILL PIPE Baffle in TUBING @ 1095' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 6.37 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix + Pump 100# Gal Flush. Mix + Pump 133 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kal 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	CE0450 / 1	PUMP CHARGE	495	1085 ⁰⁰
5406	CE0602 / 40 mi	MILEAGE	495	16800 ⁰⁰
5402	CE0461 / 1125.30	Casing Footage		NIC
5407	CE0911 / 247.38	Ton Miles	548	348 ⁰⁰
5502C	CE0853 / 1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
		Sub Total		1751 ⁰⁰
		Less 30%		-525 ⁵⁴
				1226 ²⁷
1124	CG5840 / 133 sks	50/50 Poz Mix Cement		1529 ⁵⁰
1118B	CG5965 / 323#	Premium Gel		71 ⁰⁶
1111	CG5326 / 268#	Granulated Salt		1045 ⁰⁰
1100A	CG6077 / 665#	Kal Seal		305 ⁰⁰
41402	CP8176 / 1	2 1/2" Rubber Plug		29 ⁵⁰
		Material		2040 ⁴⁸
		Less 30%		-612 ¹⁹
				1428 ³⁴
			6.15%	SALES TAX 87 ⁸⁴
				ESTIMATED TOTAL 2742 ⁴⁸

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 3917.78

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.