



1265748

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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# 805161

Invoice Date: 07/31/15 Terms: Net 30 Page 1

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

ROLF A-1

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	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)	45.000	13.5000	46.000	328.05
CC5965	Bentonite	76.000	0.3000	46.000	12.31
CC5326	Sodium Chloride, Salt	87.000	0.7500	46.000	35.24
CC6077	Kolseal	225.000	0.5000	46.000	60.75

Subtotal 2,788.05
 Discounted Amount 1,282.50
 SubTotal After Discount 1,505.55

Amount Due 2,840.57 If paid after 08/30/15

Tax: 28.36
 Total: 1,533.91



CONSOLIDATED
Oil Well Services, LLC

3732 / 3658

TICKET NUMBER 50987
LOCATION Ottawa
FOREMAN Alan Moore

**FIELD TICKET & TREATMENT REPORT
CEMENT**

INVOICE # 805168

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-29-15	3274	RolP A-1	SE 10	22	16	CF
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>1124</u>			DRIVER			
CASING SIZE & WEIGHT <u>2 7/8</u>			TRUCK #			
CASING DEPTH <u>1115.67</u>			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT IN CASING <u>yes</u>			DRIVER			
DISPLACEMENT <u>6.31</u>			TRUCK #			
DISPLACEMENT PSI <u>800</u>			DRIVER			
MIX PSI <u>200</u>			TRUCK #			
RATE <u>4 gpm</u>			DRIVER			
REMARKS: <u>Hold meeting, Established rate. Mixed & pumped 100 # gel followed by 128 sks Poz Blend I-A plus 2 # gel, 3 # salt, 4 # Kolseal per sack, Circulated cement. Flushed pump. Pumped plug to baffle. Well hold 800 KSI. Set float</u>						

Finney Drilling

Alan Moore

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368 1500.00	
CE0502	40	MILEAGE	368 286.00	
CE0711	1/2 mtn	ton miles	323 330.00	
WE0855	1/2	30 vac	369 150.00	
		equipment	545 2266.00	
		LOSS 46%	1042.36	1223.64
CC5840	128	Poz Blend I.A.	1728.00	
CC5965	315 #	gel	74.50	
CC5326	247 #	salt	185.25	
CC6077	640 #	Kolseal	320.00	
CP8176	1	2 1/2 plug	4500.00	
		material sub	2372.75	
		loss 46%	1091.47	1281.28
		6.5	SALES TAX	83.28
			ESTIMATED TOTAL	2588.28

Ravin 3737 *No rep. Jim OGD* AUTHORIZATION _____ TITLE _____ DATE (479298)

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.