



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1266271  
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: \_\_\_\_\_



1266271

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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# 804982

Invoice Date: 07/20/15 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC  
 4595 K-33 HWY, PO BOX 128 G GLEUE # A-1  
 WELLSVILLE KS 66092  
 USA  
 7858834057

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)	35.000	13.5000	46.000	255.15
CC5965	Bentonite	59.000	0.3000	46.000	9.56
CC5326	Sodium Chloride, Salt	74.000	0.7500	46.000	29.97
CC6077	Kolseal	175.000	0.5000	46.000	47.25

Subtotal 2,613.20  
 Discounted Amount 1,202.07  
 SubTotal After Discount 1,411.13

Amount Due 2,654.36 If paid after 08/19/15

Tax: 22.23  
 Total: 1,433.36





**CONSOLIDATED**  
Oil Well Services, LLC

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

3522  
3448  
Invoice # 804982

TICKET NUMBER 49722

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/13/15	3244	G. Glewe # A-1	NE 14	22	16	CF
CUSTOMER <u>Atavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			729	<u>Casken</u>	✓	<u>Safety Machine</u>
CITY <u>Wellsville</u>			467	<u>Keilar</u>	✓	
STATE <u>KS</u>	ZIP CODE <u>66092</u>		503	<u>Alamad</u>	✓	
JOB TYPE <u>surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>43'</u>	369	<u>Micha</u>	✓	
CASING DEPTH <u>43'</u>	DRILL PIPE	TUBING	CASING SIZE & WEIGHT <u>7"</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	OTHER			
DISPLACEMENT <u>1.6 bbls</u>	DISPLACEMENT PSI	MIX PSI	CEMENT LEFT in CASING <u>3'</u>			

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 5% Pozblend cement w/ 2% gel, 5% salt, + 5# Kalseal per sk cement to surface, displaced cement w/ 1.6 bbls fresh water, shut in casing.

*Handwritten signature/initials*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	on lease	MILEAGE		
CE0711	1/2 min	ton <del>oil</del> mileage	330.00	
NE0853	1.5 hrs	80 Vac	150.00	
		trucks - 46%	1980.00	
		subtotal	910.80	
EC5840	35 sks	5% Pozblend cement	472.50	1069.20
CS965	59 #	Gel	17.70	
CS326	74 #	Salt	55.50	
CE074	175 #	Kalseal	87.50	
		materials - 46%	633.20	
		subtotal	291.27	341.93
		6.5%	SALES TAX	22.23
		ESTIMATED TOTAL		1433.36
		DATE		(2654.36)

THORIZATION Handwritten signature TITLE \_\_\_\_\_ DATE \_\_\_\_\_

knowledge 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# 804986

Invoice Date: 07/21/15 Terms: Net 30 Page 1

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

G. Gleve #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	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)	155.000	13.5000	46.000	1,129.95
CC5965	Bentonite	361.000	0.3000	46.000	58.48
CC5326	Sodium Chloride, Salt	287.000	0.7500	46.000	116.24
CC6077	Kolseal	775.000	0.5000	46.000	209.25
CP8175	2 3/8" Top Rubber Plug	1.000	45.0000	46.000	24.30

Subtotal 5,114.55  
 Discounted Amount 2,352.69  
 SubTotal After Discount 2,761.86

Amount Due 5,299.71 If paid after 08/20/15

Tax: 99.98  
 Total: 2,861.84





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

3549  
3469  
Invoice # 804986

TICKET NUMBER 49713  
LOCATION Ottawa KS  
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-16-15	3244	G. Gleve # A-1	NE 14	22	16	CF
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>712 / Fro Mad</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			<u>368 / Arla McB</u>			
			<u># 675 / Kai Det</u>			
			<u>548 / Ala Mad</u>			

JOB TYPE hang string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1124 CASING SIZE & WEIGHT 2 7/8" 10RB  
 CASING DEPTH 1116.30 DRILL PIPE Baffle in TUBING @ 1083' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31' x Ply  
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix of Pump 155 sks Poz Blend I A 2% Gel 5% Salt 5# Kal 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.

Fonney Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1500.00</u>	
<u>CE0002</u>	<u>40 mi</u>	<u>MILEAGE</u>	<u>368</u>	<u>286.40</u>
<u>CE0711</u>	<u>1/2 Minimum</u>	<u>Ten Miles Delivery</u>	<u>548</u>	<u>330.00</u>
<u>WE0853</u>	<u>1 1/2 hr</u>	<u>80 BBL Vac Truck</u>	<u>675</u>	<u>150.00</u>
		<u>Sub Total</u>	<u>2266.00</u>	
		<u>Less 46%</u>	<u>-1042.36</u>	<u>1223.64</u>
<u>CC5840</u>	<u>155 sks</u>	<u>Poz Blend I A Cement</u>	<u>2092.50</u>	
<u>CC5765</u>	<u>361 #</u>	<u>Bentonite Gel</u>	<u>108.30</u>	
<u>CC5326</u>	<u>287 #</u>	<u>Salt</u>	<u>215.25</u>	
<u>CC6077</u>	<u>775 #</u>	<u>Kal Seal</u>	<u>387.50</u>	
<u>CP8175</u>	<u>1</u>	<u>2 1/2" Rubber Plug</u>	<u>45.00</u>	
		<u>Sub Total</u>	<u>2848.55</u>	
		<u>Less 46%</u>	<u>-1310.33</u>	<u>1538.22</u>
		<u>6.5% SALES TAX</u>	<u>99.98</u>	
		<u>ESTIMATED TOTAL</u>	<u>\$2861.84</u>	
		<u>(5299.71)</u>		

AUTHORIZATION No Co Repon Site TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 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.