



KANSAS CORPORATION COMMISSION 1106466  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34350  
Name: Altavista Energy, Inc.  
Address 1: 4595 K-33 Highway  
Address 2: PO BOX 128  
City: WELLSVILLE State: KS Zip: 66092 +  
Contact Person: Phil Frick  
Phone: ( 785 ) 883-4057  
CONTRACTOR: License # 5989  
Name: Finney, Kurt dba Finney Drilling Co.  
Wellsite Geologist: None  
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  
 Conv. to GSW  
 Plug Back: Plug Back Total Depth  
 Commingled Permit #:  
 Dual Completion Permit #:  
 SWD Permit #:  
 ENHR Permit #:  
 GSW Permit #:

07/20/2012	07/24/2012	07/24/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23343-00-00  
Spot Description:  
SW SE NW SE Sec. 15 Twp. 22 S. R. 16  East  West  
1485 Feet from  North /  South Line of Section  
1815 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Coffey  
Lease Name: Nickel Well #: 8  
Field Name:

Producing Formation: Squirrel  
Elevation: Ground: 1028 Kelly Bushing: 1028  
Total Depth: 1091 Plug Back Total Depth: 1045  
Amount of Surface Pipe Set and Cemented at: 47 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 1075  
feet depth to: 0 w/ 140 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 30 bbls  
Dewatering method used: Evaporated  
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

Letter of Confidentiality Received  
Date:  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 01/07/2013



1106466

Operator Name: Altavista Energy, Inc. Lease Name: Nickel Well #: 8  
 Sec. 15 Twp. 22 S. R. 16  East  West County: Coffey

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>1022</td> <td>+6</td> </tr> </table>	Name	Top	Datum	Squirrel	1022	+6
Name	Top	Datum					
Squirrel	1022	+6					

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	9.875	7	19	47	50/50 Poz	30	See Ticket
Production	5.625	2.875	7	1075	50/50 Poz	140	See Ticket

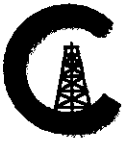
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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
3	1022-1032 - 31 Perfs - 2" DML RTG		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <b>09/04/2012</b>			Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3				

<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 checked="" 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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**CONSOLIDATED**  
Oil Well Services, LLC

**REMITTO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 251401

Invoice Date: 07/23/2012 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC  
4595 K-33 HIGHWAY  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

NICKEL #8  
37479  
15-22-16  
07-20-2012  
KS

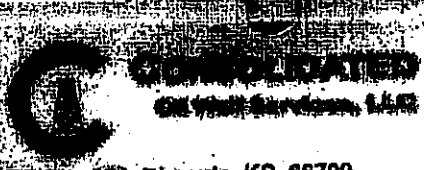
Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	10.9500	328.50
1118B	PREMIUM GEL / BENTONITE	51.00	.2100	10.71
1111	SODIUM CHLORIDE (GRANULA	58.00	.3700	21.46
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	46.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00
510 TON MILEAGE DELIVERY	1.00	84.12	84.12

Parts: 429.67 Freight: .00 Tax: 27.07 AR 1533.86  
 Labor: .00 Misc: .00 Total: 1533.86  
 Subt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_



TICKET NUMBER 37479  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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

PO Box 884, Chanute, KS 66720  
820-481-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/20/12	2244	Nickel # 8	SE 15	22	16	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy MAILING ADDRESS 4575 23 W/way CITY: <u>Wellsville</u> STATE: <u>KS</u> ZIP CODE: <u>66092</u>			506	Fred Mader	Safety Mtg	
			495	Kel Car	KE	
			503/1106	Jas Ric	JR	
			510	Set Tuc	ST	

JOB TYPE Surface HOLE SIZE 1 3/4 HOLE DEPTH 46' CASING SIZE & WEIGHT 7"  
 CASING DEPTH 46' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/ek \_\_\_\_\_ CEMENT LEFT in CASING 10%  
 DISPLACEMENT 1.7 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish circulation thru 7" casing. Mix Pump 30 s/s  
50/50 Por Mix Cement 2% Gel 5% Salt 1.5" Kol Seal / sk.  
Cement to surface. Displace 7" clean w/ 1.7 BBS water.  
Shut in casing.

Erney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE <u>Surface</u>	495	625 <sup>00</sup>
5406	—	MILEAGE		N/C
5402	46	Casing footage		N/C
5407	62.775	Ten Miles	510	8415
55010	1 1/2 hr	Transport	505/1106	168 <sup>00</sup>
1124	30 bks	50/50 Por Mix Cement		328 <sup>20</sup>
11103	51#	Premium Gel		10 <sup>71</sup>
1111	58#	Granulated Salt		21 <sup>46</sup>
1110A	150#	Kol Seal		69 <sup>85</sup>
			6.3%	SALES TAX
				ESTIMATED
				TOTAL
				27 <sup>07</sup>
				1533 <sup>86</sup>

Revin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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.

251401



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 251614

Invoice Date: 07/30/2012 Terms: 0/0/30,n/30

Page 1

ALTAVISTA ENERGY INC  
4595 K-33 HIGHWAY  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

NICKEL #8  
37514  
15-22-16  
07-24-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	335.00	.2100	70.35
1111	SODIUM CHLORIDE (GRANULA	294.00	.3700	108.78
1110A	KOL SEAL (50# BAG)	700.00	.4600	322.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 TON MILEAGE DELIVERY	292.95	1.34	392.55
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
666 CASING FOOTAGE	1074.00	.00	.00

Parts:	2062.13	Freight:	.00	Tax:	129.91	AR	3974.59
Labor:	.00	Misc:	.00	Total:	3974.59		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37514  
LOCATION Ocala, KS  
FOREMAN Casa Kennedy

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
7/24/12	3244	Nickel # 8	SE15	02	16	CO
CUSTOMER <u>Attavista</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			<u>481</u>	<u>Caskey</u>	<u>CE</u>	
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	<u>666</u>	<u>Gar Moo</u>	<u>GM</u>	
			<u>369</u>	<u>DerMas</u>	<u>DM</u>	
			<u>503</u>	<u>Dan Det</u>	<u>DD</u>	

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 1091' CASING SIZE & WEIGHT 2 3/8" LFE  
CASING DEPTH 1091' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER baffle - 1044'  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" rubber plug  
DISPLACEMENT 6.07 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 100 bbls fresh water, mixed & pumped 140 lbs 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kal Seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.07 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	45 mi	MILEAGE		180.00
5402	1074'	<u>casing footage</u>		
5407A	292.95	<u>ton mileage</u>		392.55
5502c	2 hrs	<u>80 Vac</u>		180.00
1124	140 lbs	50/50 Pozmix cement		1533.00
1118B	335 #	Premium Gel		70.35
1111	294 #	Salt		108.78
1110A	700 #	Kal Seal		322.00
4402	1	2 1/2" rubber plug		25.00

Revenue 3737 AUTHORIZATION *[Signature]* TITLE *[Signature]* DATE 25/6/14  
SALES TAX 6.3% ESTIMATED TOTAL 3974.59

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.