



KANSAS CORPORATION COMMISSION 1106464
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 SLOW
 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 #: _____
10/24/2012 10/26/2012 10/26/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-23392-00-00
Spot Description: _____
NE NW NE SE Sec. 15 Twp. 22 S. R. 16 East West
2475 Feet from North / South Line of Section
875 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Nickel Well #: 7A
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1029 Kelly Bushing: 1029
Total Depth: 1080 Plug Back Total Depth: 1033
Amount of Surface Pipe Set and Cemented at: 46 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1064
feet depth to: 0 w/ 150 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

1106464

Operator Name: Altavista Energy, Inc. Lease Name: Nickel Well #: 7A
 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 Wire-line 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 type="checkbox"/> Yes <input checked="" 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>1016</td> <td>+13</td> </tr> </table>	Name	Top	Datum	Squirrel	1016	+13
Name	Top	Datum					
Squirrel	1016	+13					

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	12.25	7	19	46	50/50 Poz	35	See Ticket
Production	5.875	2.875	7	1064	50/50 Poz	150	See Ticket

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	-			
	-			

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	1016-1024 - 25 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. 11/05/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 2	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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 254037

Invoice Date: 10/29/2012 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 7-A
35112
15-22-16
10-24-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	10.9500	383.25
1118B	PREMIUM GEL / BENTONITE	59.00	.2100	12.39
1111	SODIUM CHLORIDE (GRANULA	68.00	.3700	25.16
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

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
558 TON MILEAGE DELIVERY	73.24	1.34	98.14
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts: 501.30 Freight: .00 Tax: 31.58 AR 1591.02
Labor: .00 Misc: .00 Total: 1591.02
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 35112

LOCATION Ottawa KS

FOREMAN Fred Maden

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
10/24/12	3244	Nickel # 7-A	SE 15	22	16	CF
CUSTOMER Alta Vista Energy Inc			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 66092	TRUCK #		DRIVER
				506	Frc Mad	Safety
				495	Har Bee	HB
				675	Kel Det	K.D.
				558	Brc Man	BM

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 46' CASING SIZE & WEIGHT 7"
 CASING DEPTH 46' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 1.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Establish circulation thru 7" casing. Mix + Pump
35 sks 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kal Seal/sk
Cement to surface. Displace casing clean w/ 1.8 BBLs
Fresh water. Shut in casing

Emery Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	495	825 ⁰⁰
5406	-	MILEAGE		N/C
5402	46'	Casing Footage		N/C
5407A	73.24	Ten Miles		98 ¹⁴
5502C	1 1/2 h.	80 BBL Vac Truck		135 ⁰⁰
1124	35 sks	50/50 Por. Mix Cement		383 ²⁵
118B	59#	Premier Gel		12 ³⁹
111	68#	Granulated Salt		25 ¹⁶
110A	175#	Kal Seal		80 ⁵⁰
			(6.39)	SALES TAX
				ESTIMATED
				TOTAL
				1591 ⁰²

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

254037



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 # 254079

Invoice Date: 10/29/2012 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 7-A
35116
15-22-16
10-26-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	10.9500	1642.50
1118B	PREMIUM GEL / BENTONITE	352.00	.2100	73.92
1111	SODIUM CHLORIDE (GRANULA	290.00	.3700	107.30
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
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
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	1064.00	.00	.00
558 TON MILEAGE DELIVERY	313.87	1.34	420.59

Parts:	2196.72	Freight:	.00	Tax:	138.40	AR	4145.71
Labor:	.00	Misc:	.00	Total:	4145.71		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35116

LOCATION Ottawa KS

FOREMAN Fred Maden

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
10/26/12	3244	Nickel # 7-A	SE 15	22	16	CF
CUSTOMER			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			508	Fre Mad	Safety	Mad
CITY			495	Har Bec	HB	
			369	Dev Mar	DM	
			558	Bre Man	BM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1080 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 9106.40 DRILL PIPE Baffle In Tubing @ 1032' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 27'
 DISPLACEMENT 6.03 @ DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump
150 sks 50/50 Por Mix Cement 220 gal 5% Salt 5# Kol Seal / sk.
Cement to surface. Flush pump + lines clean. Displace 2"
rubber plug to baffle in casing. Pressure to 800# psi.
Release pressure to set float valve. shut in casing.

Finney Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	110.30 ⁰⁰
5406	45 mi	MILEAGE	495	180.00
5402	1064	Casing footage		Nil
5407A	313.87	Town Miles	558	420.59
5500C	2 hrs	80 BBL Vac Truck	369	180.00
1124	150 sks	50/50 Por Mix Cement		1642.50
118B	352#	Premium Gel		73.72
1111	290#	Granulated Salt		107.30
110A	750#	Kol Seal		345.00
4402	1	2 1/2" Rubber Plug		28.00
			6.3%	SALES TAX
				ESTIMATED TOTAL
				4145.71

AUTHORIZATION David VanHorn 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.

254079