



KANSAS CORPORATION COMMISSION 1106475
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 #: _____
07/30/2012 08/01/2012 08/01/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-23345-00-00
Spot Description: _____
SW NW NE SE Sec. 15 Twp. 22 S. R. 16 East West
2145 Feet from North / South Line of Section
1155 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Nickel Well #: 10
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1029 Kelly Bushing: 1029
Total Depth: 1091 Plug Back Total Depth: 1041
Amount of Surface Pipe Set and Cemented at: 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1070
feet depth to: 0 w/ 129 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



1106475

Operator Name: Altavista Energy, Inc. Lease Name: Nickel Well #: 10
 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 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>1014</td> <td>+15</td> </tr> </table>	Name	Top	Datum	Squirrel	1014	+15
Name	Top	Datum					
Squirrel	1014	+15					

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	41	50/50 Poz	35	See Ticket
Production	5.625	2.875	7	1070	50/50 Poz	129	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	1014-1028 - 44 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. 09/04/2012		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) (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 # 251702

Invoice Date: 07/31/2012 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 #10
37493
15-22-16
07-30-2012
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	74.00	.3700	27.38
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	.00	.22	.00
503 TON MILEAGE DELIVERY	73.24	1.34	98.14

Parts: 503.52 Freight: .00 Tax: 31.71 AR 1683.37
Labor: .00 Misc: .00 Total: 1683.37
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
318/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



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 # 251805

Invoice Date: 08/08/2012 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 #10
37543
15-22-16
08-02-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	10.9500	1412.55
1118B	PREMIUM GEL / BENTONITE	317.00	.2100	66.57
1111	SODIUM CHLORIDE (GRANULA)	250.00	.3700	92.50
1110A	KOL SEAL (50# BAG)	645.00	.4600	296.70
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
368 CASING FOOTAGE	1070.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
503 TON MILEAGE DELIVERY	269.93	1.34	361.71

Parts: 1896.32 Freight: .00 Tax: 119.46 AR 3722.49
 Labor: .00 Misc: .00 Total: 3722.49
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 37543
LOCATION Oxhanna KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/2/12	3244	Nickle # 10	SE 15	22	16	CF
CUSTOMER Altavista Energy Inc.			TRUCK #			
MAILING ADDRESS 4595 Highway 33			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1070 DRILL PIPE 3 1/2 TUBING 2 1/4 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 29' + Plug
 DISPLACEMENT 6.0588 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix Pump 100# Gel Flush. Mix Pump
 129 gals 50/50 Por Mix Cement 270 gal 5% Salt 5" Kal Seal/SK
 Cement to surface. Flush pump + lines clean. Displace
 2 1/2" Rubber plug to casing TD. Pressure to 700# PSI. Release
 pressure to set float valve. Shut in casing.

Kurt Finney Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1020.00
5406	45 mi	MILEAGE	368	16560.00
5402	1070	Casing footage	N/C	
5407A	269.93	Ten Miles	503	36121.00
5502C	1 1/2 hr	80 BBL Vac Truck	370	13500.00
1124	129	50/50 Por Mix Cement		1412.55
1118B	317#	Premium Gel		66.57
1111	250#	Granulated salt		92.50
1110A	645#	Kal Seal		2962.00
4402	1	2 1/2" Rubber plug		26.00
			6.32	SALES TAX
				ESTIMATED
				TOTAL
				11946
				3722.49

Form 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.

251805