



KANSAS CORPORATION COMMISSION 1107561  
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 #: \_\_\_\_\_

<u>10/10/2012</u>	<u>10/12/2012</u>	<u>10/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23318-00-00

Spot Description:  
NW SE NW SW Sec. 14 Twp. 22 S. R. 16  East  West  
1815 Feet from  North /  South Line of Section  
4455 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Coffey  
Lease Name: Sauder Well #: I-13

Field Name: \_\_\_\_\_

Producing Formation: Squirrel

Elevation: Ground: 1036 Kelly Bushing: 1036

Total Depth: 1092 Plug Back Total Depth: 1061

Amount of Surface Pipe Set and Cemented at: 50 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 1086

feet depth to: 0 w/ 157 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: 01/14/2013



1107561

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: I-13  
 Sec. 14 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>1018</td> <td>+18</td> </tr> </table>	Name	Top	Datum	Squirrel	1018	+18
Name	Top	Datum					
Squirrel	1018	+18					

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	50	50/50 Poz	40	See Ticket
Production	5.875	2.875	7	1086	50/50 Poz	157	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	1018-1028 - 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.			Producing Method: <input type="checkbox"/> Flowing <input 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

<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

**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 # 253620

Invoice Date: 10/12/2012 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

SAUDER I-13  
35059  
14-22-16  
10-10-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	10.9500	438.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2100	14.07
1111	SODIUM CHLORIDE (GRANULA)	84.00	.3700	31.08
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	51.00	.00	.00
503 TON MILEAGE DELIVERY	83.70	1.34	112.16

Parts:	575.15	Freight:	.00	Tax:	36.24	AR	1863.55
Labor:	.00	Misc:	.00	Total:	1863.55		
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 35059  
LOCATION Chanute, KS  
FOREMAN Casey Kennedy

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
10/10/12	3244	Sauder # I-13	SW 14	22	16	CO																				
CUSTOMER Altevista Energy			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>481</td> <td>Caskey</td> <td>✓</td> <td>Safety Meeting</td> </tr> <tr> <td>495</td> <td>Kei Car</td> <td>✓</td> <td></td> </tr> <tr> <td>503</td> <td>Dan Dot</td> <td>✓</td> <td></td> </tr> <tr> <td>369</td> <td>Der Mas</td> <td>✓</td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	481	Caskey	✓	Safety Meeting	495	Kei Car	✓		503	Dan Dot	✓		369	Der Mas	✓	
TRUCK #	DRIVER	TRUCK #					DRIVER																			
481	Caskey	✓					Safety Meeting																			
495	Kei Car	✓																								
503	Dan Dot	✓																								
369	Der Mas	✓																								
MAILING ADDRESS PO Box 128																										
CITY Wellsville		STATE KS	ZIP CODE 66692																							

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 51' CASING SIZE & WEIGHT 7"  
 CASING DEPTH 51' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 3'  
 DISPLACEMENT 2 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 40 sts 50/50 Pozmix cement w/ 27% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, displaced cement w/ 2 bbls fresh water, shut in casing.

*(Handwritten signature)*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	45 mi	MILEAGE		180.00
5402	51'	casing footage		---
5407A	83.7	tan mileage		112.16
5502C	1.5 hrs	80 Vac		135.00
1124	40 sts	50/50 Pozmix cement		438.00
1118B	67 #	Premium Gel		14.07
1111	84 #	Salt		31.08
1110A	200 #	Kalseal		92.00
			<i>(Stamp)</i>	
			6.37%	
			SALES TAX	36.24
			ESTIMATED TOTAL	1863.55

Rev 10/3/07

AUTHORIZATION No Co Rep on location 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

253620



**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 # 253687

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Invoice Date: 10/17/2012      Terms: 0/0/30,n/30      Page 1

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

SAUDER I-13  
34962  
14-22-16  
10-12-2012  
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	157.00	10.9500	1719.15
1118B	PREMIUM GEL / BENTONITE	364.00	.2100	76.44
1111	SODIUM CHLORIDE (GRANULA	330.00	.3700	122.10
1110A	KOL SEAL (50# BAG)	785.00	.4600	361.10
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
510 TON MILEAGE DELIVERY	328.52	1.34	440.22
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	1086.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

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Parts:	2306.79	Freight:	.00	Tax:	145.33	AR	4057.34
Labor:	.00	Misc:	.00	Total:	4057.34		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

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



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 34962  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/12/12	3244	Sauder #1-13	SW 14	22	16	CO

CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista		481	Cosken	✓	Safety Meeting
MAILING ADDRESS		6666	Garman	✓	
PO Box 128		510	Sel Tec	✓	
CITY	STATE	ZIP CODE			
Wellsville	KS	66097	675	Kei Det	✓

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1092' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 1086' DRILL PIPE  TUBING baffle - 1060' OTHER   
SLURRY WEIGHT  SLURRY VOL  WATER gal/sk  CEMENT LEFT in CASING 26'  
DISPLACEMENT 10.16 bbls DISPLACEMENT PSI  MIX PSI  RATE 4.56 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gal followed by 10 bbls water, mixed & pumped 157 sks 50/50 Pozmix cement w/ 2% gal, 3% salt, + 5 # Kol seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.16 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Handwritten signature/initials: B+G*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	1086'	casing footage		
5407A	328.523	ton mileage		440.22
5502C	1.5 hrs	80 Vac		135.00
1124	157 sks	50/50 Pozmix cement		1719.15
118B	364 #	Premium Gal		76.44
1111	330 #	Salt		122.10
1110A	785 #	Kolseal		366.10
4402	1	2 1/2" rubber plug		28.00
			SALES TAX	145.33
			ESTIMATED TOTAL	4057.34

AUTHORIZATION *Handwritten 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.

253687