



KANSAS CORPORATION COMMISSION 1107544
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 #:

09/20/2012	09/24/2012	09/24/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23310-00-00
Spot Description:
SW NE NW SW Sec. 14 Twp. 22 S. R. 16 East West
2145 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 #: 14
Field Name:
Producing Formation: Squirrel
Elevation: Ground: 1037 Kelly Bushing: 1037
Total Depth: 1092 Plug Back Total Depth: 1051
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: 1079
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

1107544

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: 14
 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>1019</td> <td>+18</td> </tr> </table>	Name	Top	Datum	Squirrel	1019	+18
Name	Top	Datum					
Squirrel	1019	+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	1079	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	1019-1027 - 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. <u>11/01/2012</u>		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. <u>2</u>	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 # 253114

Invoice Date: 09/25/2012 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 #14
34942
14-22
16
09-20-2012 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)	2.00	90.00	180.00
445 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
445 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
445 CASING FOOTAGE	49.00	.00	.00
575 TON MILEAGE DELIVERY	83.70	1.34	112.16

Parts: 575.15 Freight: .00 Tax: 36.24 AR 1728.55
Labor: .00 Misc: .00 Total: 1728.55
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

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

TICKET NUMBER 34942
LOCATION Ottawa, KS
FOREMAN Carey 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	
9/20/12	3244	Sauder # 14	SW 14	22	16	CO	
CUSTOMER Arlavista				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 128				481	Casken	CK	
CITY Wellsville		STATE KS	ZIP CODE 66092	445	Daw Gar	DG	
				575	Cal Har	CH	
				369	Der Mas	DM	

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 49' CASING SIZE & WEIGHT 7"
 CASING DEPTH 49' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm
 REMARKS: held safety meeting, established circulation, mixed + pumped 40 sks 50/50 Pozmix cement w/ 2% 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	
5401S	1	PUMP CHARGE		825.00	
5406	on lease	MILEAGE			
5402	49'	casing footage			
5407A	83.7	ton mileage		112.16	
5502C	2 hrs	80 Vac		180.00	
1124	40 sks	50/50 Pozmix cement		438.00	
1118B	67 #	Premium Gel		14.07	
1111	84 #	Salt		31.08	
1110A	200 #	Kalseal		92.00	
				SALES TAX	36.24
				ESTIMATED TOTAL	1728.55

Rev 3737

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

253114



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 # 253203

Invoice Date: 09/26/2012 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 #14
34945
14-22-16
09-24-2012
KS

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
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	1079.00	.00	.00
503 TON MILEAGE DELIVERY	328.52	1.34	440.22
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00

Parts: 2306.79 Freight: .00 Tax: 145.33 AR 4270.34
Labor: .00 Misc: .00 Total: 4270.34
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

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



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

TICKET NUMBER 34945
LOCATION Chanute, KS
FOREMAN Casper Kennedy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
9/24/12	3244	Sawder # 14	SW 14	22	16	CO																				
CUSTOMER Altaivista		<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>481</td> <td>Caskan</td> <td>CK</td> <td></td> </tr> <tr> <td>495</td> <td>Har Bec</td> <td>HB</td> <td></td> </tr> <tr> <td>503</td> <td>Dan Det</td> <td>DD</td> <td></td> </tr> <tr> <td>455-7106</td> <td>Jas Ric</td> <td>JR</td> <td></td> </tr> </tbody> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	481	Caskan	CK		495	Har Bec	HB		503	Dan Det	DD		455-7106	Jas Ric	JR	
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503	Dan Det	DD																								
455-7106	Jas Ric	JR																								
MAILING ADDRESS PO Box 128																										
CITY Wellsville	STATE KS	ZIP CODE 666092																								

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1092' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 1079' DRILL PIPE _____ TUBING baffle - 1051' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29'
 DISPLACEMENT 6.11 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety, meeting established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 157 stb 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per stb, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.11 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	1079'	casing footage		
5407A	328.523	ton mileage		440.72
5501C	1.5 hrs	transport		108.00
1124	157 stb	50/50 Pozmix cement		1719.15
1118B	364 #	Premium Gel		76.44
1111	330 #	Salt		122.10
1110A	785 #	Kalseal		361.10
4402	1	2 1/2" rubber plug		28.82
			SALES TAX	145.33
			ESTIMATED TOTAL	4270.34

SCANNED

Rev 03/37

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 _____, and conditions of service on the back of this form are in effect for services identified on this form

-253203