



KANSAS CORPORATION COMMISSION 1107555
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 #:

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
08/27/2012	08/29/2012	08/29/2012

API No. 15 - 15-031-23313-00-00

Spot Description:
NW SW NW SW Sec. 14 Twp. 22 S. R. 16 East West
1815 Feet from North / South Line of Section
5115 Feet from East / West Line of Section

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

County: Coffey

Lease Name: Sauder Well #: 1-9

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 1037 Kelly Bushing: 1037

Total Depth: 1092 Plug Back Total Depth: 1040

Amount of Surface Pipe Set and Cemented at: 55 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/ 139 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



1107555

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: I-9
 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>+19</td> </tr> </table>	Name	Top	Datum	Squirrel	1018	+19
Name	Top	Datum					
Squirrel	1018	+19					

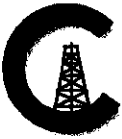
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	7	19	55	50/50 Poz	30	See Ticket
Production	5.875	2.875	7	1070	50/50 Poz	139	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	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 (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	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 # **252427**

Invoice Date: **08/29/2012** 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

SAUDER #I-9
39534
14-22-16
08-27-2012
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
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE	55.00	.00	.00
503	TON MILEAGE DELIVERY	62.78	1.34	84.13

=====
Parts: 429.67 Freight: .00 Tax: 27.07 AR 1545.87
Labor: .00 Misc: .00 Total: 1545.87
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____



TICKET NUMBER 39534
 LOCATION Ottawa KS
 FOREMAN Fred Mader

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
8/27/12	3244	Sauder I-9	SW 14	22	16	CF

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy	506	Fred Mader	Safety	Willy
	495	Mar Ben	#B	
	369	Dex Mas	DM	
	503	Dem Det	DD	

CUSTOMER MAILING ADDRESS: 4595 33 Highway, Wellsville, KS 66092
 STATE: KS ZIP CODE: 66092
 JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 55' CASING SIZE & WEIGHT 7"
 CASING DEPTH 5.5' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10' +
 DISPLACEMENT 2.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation thru 7" casing. Mix & Pump 30 sks 50/50 Por Mix Cement 270 Gal 5% Salt 5# Kol Seal/sk. Cement to surface. Flush 7" clean w/ 2.25 BBL water. Shut in casing.

Finny Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface	495	825 ⁰⁰
5406	-	MILEAGE		N/C
5402	55	Casing Footage		N/C
5407A	62.78	Ton Miles	503	84.13
5502C	2hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	30sks	50/50 Por Mix Cement		328 ⁵⁰
1118B	51#	Premium Gel		10 ²¹
1111	58#	Granulated Salt	21	46 ⁵⁶
1110H	150#	Kol Seal		69 ⁰⁰

Not Completed

SALES TAX 6.3% ESTIMATED TOTAL 27⁰⁷
 AUTHORIZATION [Signature] TITLE _____ DATE _____
TOTAL 1545⁸⁷

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.

252427



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 # 252494

Invoice Date: 08/30/2012 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

SAUDER #I-9
37506
14-22-16
08-29-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	139.00	10.9500	1522.05
1118B	PREMIUM GEL / BENTONITE	334.00	.2100	70.14
1111	SODIUM CHLORIDE (GRANULA	292.00	.3700	108.04
1110A	KOL SEAL (50# BAG)	695.00	.4600	319.70
1123	CITY WATER	3150.00	.0165	51.98
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
611 TON MILEAGE DELIVERY	290.86	1.34	389.75
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
666 CASING FOOTAGE	1070.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 2099.91 Freight: .00 Tax: 132.29 AR 4011.95
Labor: .00 Misc: .00 Total: 4011.95
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-8808

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 37506
LOCATION Ottawa, KS
FOREMAN Casen, Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8675

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/29/12	3244	Sauder # 2-9	SW 14	22	16	CO
CUSTOMER Altruista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			487	Cashen	CK	
CITY Wellsville			666	Gar Moo	GM	
STATE KS			675	Kei Bat	KB	
ZIP CODE 66092			611	Chr Bee	CB	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1092' CASING SIZE & WEIGHT 2 7/8" EUG
CASING DEPTH 1070' DRILL PIPE _____ TUBING 1040'-baffle OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.05 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls city water, mixed & pumped 139 sts 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kal Seal per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.05 bbls city 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	1070'	casing footage		
5407A	290.858	tan mileage		389.75
5502c	2 hrs	80 Vac		180.00
1124	139 sts	50/50 Pozmix cement		1522.05
1118B	334 #	Premium Gel		70.14
1111	292 #	Salt		108.04
1110A	695 #	Kal Seal		319.70
1123	3.15	City water		51.98
4402	1	2 1/2" rubber plug		28.00
			6.37%	SALES TAX 132.29
				ESTIMATED TOTAL 4011.95

Revin 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

252494