



KANSAS CORPORATION COMMISSION 1107562
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>10/12/2012</u>	<u>10/17/2012</u>	<u>10/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23317-00-00

Spot Description: _____
NW NE NW SW Sec. 14 Twp. 22 S. R. 16 East West
2475 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-14

Field Name: _____
Producing Formation: Squirrel

Elevation: Ground: 1039 Kelly Bushing: 1039
Total Depth: 1092 Plug Back Total Depth: 1054

Amount of Surface Pipe Set and Cemented at: 45 Feet
Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1083
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



1107562

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: I-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>1021</td> <td>+18</td> </tr> </table>	Name	Top	Datum	Squirrel	1021	+18
Name	Top	Datum					
Squirrel	1021	+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	45	50/50 Poz	35	See Ticket
Production	5.875	2.875	7	1083	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	1021-1030 - 28 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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API NO: 15 - 031 - 23317 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: 1 - 14

LEASE NAME: SAUDER

S. 14 T. 22 R. 16 E W.

LOCATION: NW NE NW SW

COUNTY: COFFEY

ELEV. GR.: 1039

DP: 0 KB: 5

FOOTAGE LOCATION: 2475 FEET FROM (N) (S) LINE 4455 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: DOUG EVANS

SPUD DATE: 10/12/2012

TOTAL DEPTH: 1092 P.B.T.D.

DATE COMPLETED: 10/17/2012

OIL PURCHASER: COFFEYVILLE RESOURCES

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

Table with 8 columns: PURPOSE OF STRING, SIZE HOLE DRILLED, SIZE CASING SET (in O.D.), WEIGHT LBS/FT, SETTING DEPTH, TYPE CEMENT, SACKS, TYPE AND % ADDITIVES. Rows include SURFACE and PRODUCTION details.

WELL LOG

CORES: #1 - 1021 - 1033

RAN: 1 FLOAT SHOE

RECOVERED:

1 BAFFLE

ACTUAL CORING TIME:

3 CENTRALIZERS

1 CLAMP

Table with 3 columns: FORMATION, TOP, BOTTOM. Lists geological formations from TOP SOIL down to SHALE, with depth markers.

Table with 3 columns: FORMATION, TOP, BOTTOM. Lists geological formations from CAP LIME OIL down to SHALE, with depth markers.



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 # 253688

Invoice Date: 10/17/2012 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-14
34967
17-22-16
10-12-2012
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
510 TON MILEAGE DELIVERY	73.24	1.34	98.14
666 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	44.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts: 503.52 Freight: .00 Tax: 31.71 AR 1593.37
 Labor: .00 Misc: .00 Total: 1593.37
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34967
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
10/12/12	3244	Sauder # I-14	SW 14	22	16	CO
CUSTOMER Alta Vista						
MAILING ADDRESS PO Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Casper	✓	Safety Meeting
			6060	Carr Moo	✓	
			510	Set Two	✓	
			675	Kei Det	✓	

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 44' CASING SIZE & WEIGHT 7"
CASING DEPTH 44' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3'
DISPLACEMENT 1.7 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 35 sks ^{50%} Premix cement w/ 2% gel, 5% salt, + 5# Kal Seal pr sk, cement to surface, displaced cement w/ 1.7 bbls fresh water, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401S	1	PUMP CHARGE		825.00	
5406	on lease	MILEAGE			
5402	44'	casing footage			
5407A	73.238	ten mileage		98.14	
5502C	1.5 hrs	80 Vac		135.00	
1124	35 sks	50/50 Premix cement		383.25	
1118B	59 #	Premium Gel		12.39	
1111	74 #	Salt		27.38	
1110A	175 #	Kal Seal		80.50	
				SALES TAX	36.71
				ESTIMATED TOTAL	1593.37

Revin 3737

AUTHORIZATION _____ 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

253688



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 # 253804

Invoice Date: 10/19/2012 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-14
35062
4-22-16
10-17-2012
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	304.00	.3700	112.48
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
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	1092.00	.00	.00
503 TON MILEAGE DELIVERY	328.52	1.34	440.22

Parts: 2297.17 Freight: .00 Tax: 144.73 AR 4272.12
 Labor: .00 Misc: .00 Total: 4272.12
 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 35062

LOCATION Ottawa, KS

FOREMAN Fred Madler

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/17/12	3244	Sauder # T-14	SW 4	JB	16 ⁰⁰	CF

CUSTOMER
Altavista Energy Inc.
MAILING ADDRESS
4595 33 Highway
CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	506	WLB
495	Nav Bec	495	J
369	Der Mas	369	
503	Dan Det	503	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1100' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1092' DRILL PIPE Baffle in TUBING @ 1061 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 RPM

REMARKS: Establish Circulation. Mix Pump 100# Gal Flush. Mix Pump
157 SKS 50/50 Por Mix Cement 2% Gal 5% Salt 5# Kal Seal / SKS
Cement to Surface. Flush pump & lines clean. Displace 2 1/2"
rubber plug to Baffle in casing. Pressure to 800# PSI.
Release Pressure to set float Valve. Shut in Casing

Finney Drilling

Fred Madler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	45 mi	MILEAGE	495	180 ⁰⁰
5402	1092'	Casing footage		NIC
5407A	328.52	Ton Miles	503	440 ⁰⁰
5502C	2 hrs	80 BBL Var Truck.	369	180 ⁰⁰
1124	157 SKS	50/50 Por Mix Cement		1719 ¹⁵
1115B	364 #	Premium Gel		76 ⁴⁵
1111	304 #	Granulated Salt		112 ⁴⁸
1110A	785 #	Kal Seal		361 ¹⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
			6.3%	SALES TAX
				ESTIMATED
				TOTAL
				144 ⁷⁸
				4272 ¹²

Howin 3737

AUTHORIZATION Way F 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.

253804