



KANSAS CORPORATION COMMISSION 1107565
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 #: _____

10/05/2012 10/09/2012 10/09/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-23319-00-00
Spot Description: _____
SE SE NW SW Sec. 14 Twp. 22 S. R. 16 ☒ East ☐ West
1485 Feet from ☐ North / ☒ South Line of Section
4125 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-15
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1040 Kelly Bushing: 1040
Total Depth: 1092 Plug Back Total Depth: 1053
Amount of Surface Pipe Set and Cemented at: 49 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1080
feet depth to: 0 w/ 165 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

1107565

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: I-15
 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 (Attach Additional Sheets)	☐ Yes ☒ No	☒ Log Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☒ No	Name Squirrel	Top 1017 Datum +23
Cores Taken	☒ Yes ☐ No		
Electric Log Run	☒ Yes ☐ No		
Electric Log Submitted Electronically (If no, Submit Copy)	☒ Yes ☐ No		
List All E. Logs Run:			
Gamma Ray/Neutron/CCL			

CASING RECORD ☐ New ☒ 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	49	50/50 Poz	40	See Ticket
Production	5.875	2.875	7	1080	50/50 Poz	165	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 (Amount and Kind of Material Used)	Depth
3	1017-1027 - 31 Perfs - 2" DML RTG		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4) ☐ 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 # 253517

Invoice Date: 10/09/2012 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-15
34956
14-22-16
10-05-2012
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
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
558 TON MILEAGE DELIVERY	83.70	1.34	112.16
666 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	49.00	.00	.00

Parts:	575.15	Freight:	.00	Tax:	36.24	AR	1683.55
Labor:	.00	Misc:	.00	Total:	1683.55		
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
620/838-5269

GILLETTE, WY
307/686-4914



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 34956
LOCATION Officer, KS
FOREMAN Cas Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/5/12	3244	Sander # I-15	SW 14	22	16	CO
CUSTOMER Altavista Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	✓	Safety Meeting
6666	Gar Man	✓	
558	Bre Man	✓	
370	Kei Car	✓	

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>49'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>49'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>4'</u>
DISPLACEMENT <u>2 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 40 $\frac{1}{2}$ 50
 Permex cement w/ 27% gel, 5% Salt, + 5# Holseal per sk, cement to surface,
 displaced cement w/ 2 bbls fresh water, shot in casing.

[illegible]

Bayin 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.

253517



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 # 253621

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-15
35060
14-22-16
10-10-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	165.00	10.9500	1806.75
1118B	PREMIUM GEL / BENTONITE	377.00	.2100	79.17
1111	SODIUM CHLORIDE (GRANULA	347.00	.3700	128.39
1110A	KOL SEAL (50# BAG)	825.00	.4600	379.50
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)	.00	4.00	.00
495 CASING FOOTAGE	1080.00	.00	.00
503 TON MILEAGE DELIVERY	345.26	1.34	462.65

Parts:	2421.81	Freight:	.00	Tax:	152.58	AR	4247.04
Labor:	.00	Misc:	.00	Total:	4247.04		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

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PONCA CITY, OK
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785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Casey Kennedy

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 165 lbs 5% Pozmix cement w/ 2% gel, 5% salt, & 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 161 bbls water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

[illegible]

Baym 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.

253621