



KANSAS CORPORATION COMMISSION 1107496
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 #: _____
08/23/2012 08/27/2012 08/27/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-23305-00-00
Spot Description: _____
SW SW NW SW Sec. 14 Twp. 22 S. R. 16 East West
1485 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 #: 9
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1037 Kelly Bushing: 1037
Total Depth: 1092 Plug Back Total Depth: 1043
Amount of Surface Pipe Set and Cemented at: 54 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1074
feet depth to: 0 w/ 138 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 Gantson Date: 01/14/2013



1107496

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: 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>1020</td> <td>+17</td> </tr> </table> | Name | Top | Datum | Squirrel | 1020 | +17 |
| Name | Top | Datum | | | | | |
| Squirrel | 1020 | +17 | | | | | |

| 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 | 54 | 50/50 Poz | 45 | See Ticket |
| Production | 5.875 | 2.875 | 7 | 1074 | 50/50 Poz | 138 | 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 | 1020-1027 - 22 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. 11/01/2012 | | 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. 2 | 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: _____ _____ |
|---|--|--|



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 # 252371

Invoice Date: 08/27/2012 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 #9
36528
14-22-16
08-24-2012
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|---------|------------|--------|
| 1124 | 50/50 POZ CEMENT MIX | 45.00 | 10.9500 | 492.75 |
| 1118B | PREMIUM GEL / BENTONITE | 94.00 | .2100 | 19.74 |
| 1111 | SODIUM CHLORIDE (GRANULA | 104.00 | .3700 | 38.48 |
| 1110A | KOL SEAL (50# BAG) | 225.00 | .4600 | 103.50 |
| 1123 | CITY WATER | 2520.00 | .0165 | 41.58 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 503 TON MILEAGE DELIVERY | 94.16 | 1.34 | 126.17 |
| T-106 WATER TRANSPORT (CEMENT) | 1.50 | 112.00 | 168.00 |
| 666 CEMENT PUMP (SURFACE) | 1.00 | 825.00 | 825.00 |
| 666 EQUIPMENT MILEAGE (ONE WAY) | .00 | 4.00 | .00 |
| 666 CASING FOOTAGE | 54.00 | .00 | .00 |

Parts: 696.05 Freight: .00 Tax: 43.84 AR 1859.06
 Labor: .00 Misc: .00 Total: 1859.06
 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

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36528

LOCATION Ottawa, KS

FOREMAN Jim Green

| | | | | | | |
|-----------------|------------------|--------------------|-----------------------|----------|---------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 08-24-12 | 3244 | Sauder # 9 | SW 14 | 22 | 16 | CF |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 669 | Jim Gre | JA | |
| CITY | | | 666 | MY CAR | CL | |
| STATE | | | 505/1-106 | JAS RIK | JK | |
| ZIP CODE | | | 583 | Dan Det | JD | |
| JOB TYPE | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT | | | |
| Surface | 12 1/4" | 52' | 7" | | | |
| CASING DEPTH | DRILL PIPE | TUBING | OTHER | | | |
| 54' | | | | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING | | | |
| | | | | | | |
| DISPLACEMENT | DISPLACEMENT PSI | MIX PSI | RATE | | | |
| | | | | | | |

REMARKS: Hold crew meeting, Establish Circulation, mix and pump 45SA 5050 Poz mix Cement 5" Kol-Seal 2% and 5% Salt. Circulated cement to surface. Displace 7" with 1.75 BBLs clean water.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 54015 | One | PUMP CHARGE Cement on Surface | | 825.00 |
| 5486 | 0 | MILEAGE Cement Pump | | N/A |
| 5402 | 54' | Casing footage | | N/A |
| 5301C | 1.2 HRS | Transport | | 168.00 |
| 5402 | 94.16 | Tax Mileage | | 128.12 |
| 1124 | 455.2 | 5050 Poz mix Cement | | 492.75 |
| 1118B | 94 # | Premium Gel | | 19.74 |
| 1111 | 104 # | Granulated Salt | | 38.48 |
| 1110A | 225 # | Kol-Seal | | 103.50 |
| 1123 | 2.52 | CMY Water | | 41.58 |
| | | | SALES TAX | 45.84 |
| | | | ESTIMATED TOTAL | 1859.00 |

SCANNED

AUTHORIZATION Jim Green 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.

252371



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Oil Well Services, LLC

REMIT TO
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Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
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Fax 620/431-0012

INVOICE

Invoice # 252426

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 #9
39533
14-22-16
08-27-2012
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 138.00 | 10.9500 | 1511.10 |
| 1118B | PREMIUM GEL / BENTONITE | 332.00 | .2100 | 69.72 |
| 1111 | SODIUM CHLORIDE (GRANULA | 267.00 | .3700 | 98.79 |
| 1110A | KOL SEAL (50# BAG) | 690.00 | .4600 | 317.40 |
| 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 | 1078.00 | .00 | .00 |
| 503 TON MILEAGE DELIVERY | 288.77 | 1.34 | 386.95 |

Parts: 2025.01 Freight: .00 Tax: 127.57 AR 3929.53
Labor: .00 Misc: .00 Total: 3929.53
Subit: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

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