



KANSAS CORPORATION COMMISSION 1057510
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1057510

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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

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
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Middaugh Farm: Miami County

KS State; Well No. AI-46

Elevation 823

Commenced Spuding May 10 2011

Finished Drilling May 12 2011

Driller's Name Wesley Dollard

Driller's Name Stephen Scott

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name town oilfield

services

10 (Section) 19 (Township) 24 (Range)

Distance from South line, 3520 ft.

Distance from East line, 2900 ft.

45' of 5/8 surface pipe
2 hr labor

4 sacs portland cement

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set 172' _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
29					
28	9				
29					
28	4				
29		144.3			Baffle
28		172.3			Total

Thickness of Strata	Formation	Total Depth	Remarks
27	soil clay	27	
63	shale	90	
9	red bed	99	
8	shale	107	ODOR
2	red bed	109	ODOR bleed
3	shale sandy	112	25% oil
7	sand	119	Solid Oil good bleed
1	Lime	120	50% oil
2	sand	122	75% oil
1	sand	123	Solid oil
3	sandy Lime	126	50% 0:1
3	sandy shale	129	NO oil
14	shale	143	
1	Lime	144	
20	shale	164	
4	Lime	168	
13	shale	181	
3	Lime	184	
4	shale	188	TD



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 # 241344

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Invoice Date: 05/16/2011 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

MIDDAUGH AI-46
31935
NW 10-19-24 MI
05/12/2011
KS

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Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	185.00	.4400	81.40
1111	GRANULATED SALT (50 #)	71.00	.3500	24.85
1118B	PREMIUM GEL / BENTONITE	62.00	.2000	12.40
1124	50/50 POZ CEMENT MIX	37.00	10.4500	386.65
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63

	Description	Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495	CEMENT PUMP	1.00	975.00	975.00
495	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
495	CASING FOOTAGE	175.00	.00	.00
548	MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts:	591.13	Freight:	.00	Tax:	44.64	AR	2365.77
Labor:	.00	Misc:	.00	Total:	2365.77		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31935
LOCATION Ottawa
FOREMAN Alan Madal

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
5-12-11	3244	Middaugh AI-46	NW 10	19	24	Mi
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meat
CITY STATE ZIP CODE Wellsville KS 66092			495	Casey K	CR	
			369	Harold B	HJB	
			348	Derek M	DM	

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 188 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 175 DRILL PIPE _____ TUBING _____ OTHER baffle @ 145
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Mixed & pumped 1/2 gal ESA 41 and 1/2 gal polymer circulated from pit to flush hole. Mixed & pumped 37 sk 50150 po2 plus 5# kolseal, 5% salt, 22 gal circulated cement. Flushed pump. pumped plug top casing baffle @ 145. Well held 800 PSI. Set float. Closed valve.

TDS Drilling

Alan Madal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	50	MILEAGE		200.00
5402	175'	casing footage		—
5407	min	ton miles		330.00
5502L	2 1/2	80 vac		225.00
1110A	185 #	Kolseal		81.40
1111	71 #	salt		24.85
1118B	62 #	gel		12.40
1124	37 sk	50150 po2		386.65
4404	1	4 1/2 plug		42.00
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
		WD # 241344		
				44.64
			SALES TAX	<u>0.00</u>
			ESTIMATED TOTAL	<u>2365.79</u>

Flavin 3737

AUTHORIZATION Dennis Palmer 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.