



KANSAS CORPORATION COMMISSION 1065513
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: _____



1065513

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown AI-2
Lease Owner:Altavista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
8/17/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	Soil/Clay	13
27	Lime	40
5	Shale	45
17	Lime	62
20	Shale	82
2	Lime	84
16	Shale	100
24	Lime	134
72	Shale	196
21	Lime	217
10	Shale	227
1	Lime	228
15	Shale	243
6	Lime	249
27	Shale	276
6	Lime	282
28	Shale	310
22	Lime	332
7	Shale	339
25	Lime	364
4	Shale	368
12	Lime	380
44	Shale	424
10	Sand	434
59	Shale	493
7	Sand	500
35	Shale	535
8	Lime	543
92	Shale	635
3	Lime	638
6	Shale	644
1	Sand	645
11	Sand	656
6	Sand	662
78	Sandy Shale	740
3	Sand	743
10	Shale	753
3	Sand	756
2	Shale	758-TD

Thickness of Strata	Formation	Total Depth	Remarks
0-13	Soil / Clay	13	
27	Lime	40	
5	Shale	45	
17	Lime	62	
20	Shale	82	
7	Lime	89	
10	Shale	100	
24	Lime	124	
2	Shale	126	Shale
72	Shale	196	
21	Lime	217	
10	Shale	227	
1	Lime	228	
15	Shale	243	
6	Lime	249	
27	Shale	276	
6	Lime	282	
28	Shale	310	
22	Lime	332	
7	Shale	339	
25	Lime	364	
4	Shale	368	
12	Lime	380	Herthg
44	Shale	424	
10	Sand	434	No Oil
59	Shale	493	
7	Sand	500	No Oil

16
17
18
19
20
Total
TOT

Remarks:
filled by



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 # 243701

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Invoice Date: 08/29/2011 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

BROWN AI-2
32755
NE 19 16 22 FR
08/19/2011
KS

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Part Number Description Qty Unit Price Total

1124	50/50 POZ CEMENT MIX	105.00	10.4500	1097.25
1118B	PREMIUM GEL / BENTONITE	276.00	.2000	55.20
1111	GRANULATED SALT (50 #)	203.00	.3500	71.05
1110A	KOL SEAL (50# BAG)	525.00	.4400	231.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
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

368	CEMENT PUMP	1.00	975.00	975.00
368	EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368	CASING FOOTAGE	739.00	.00	.00
505	WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
510	MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 1526.33 Freight: .00 Tax: 119.06 AR 3234.39
Labor: .00 Misc: .00 Total: 3234.39
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32755

LOCATION Ottawa

FOREMAN Alan 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
8.19.11	3244	Brown AI. 2	NE 19	16	22	JK
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 188</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 709 DRILL PIPE _____ TUBING _____ OTHER baffle @ 708
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hold crew meeting. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into new pit. Mixed & pumped 105 sk 50/50 poz, plus 5% salt & Kolseal, 29% gel. Circulated cement. Flashed pump. Pumped plug to baffle @ 708'. Well held 800 PSI Set float. Closed valve.

TDS Drilling Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	975.00	
5406	25	MILEAGE	368	60.00	
5402	739'	casing footage	368	—	
5407	min	tax miles	510	330.20	
5501c	2	trans port	T-106	224.00	
1124	105 sk	50/50 poz		1097.25	
1118B	276 #	gel		55.20	
1111	203 #	salt		71.05	
1110A	525 #	Kolseal		231.00	
4402	1	2 1/2 plug		28.00	
1173	1/2	ESA 41		20.20	
1401	1/2	Polymer		23.63	
				SALES TAX	119.06
				ESTIMATED TOTAL	3234.39

Revin 3737

AUTHORIZATION Jim Heller 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.