

Kansas Corporation Commission Oil & Gas Conservation Division

1069798

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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:

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify)						

Lease Owner:Altavista

Franklin County, KS Well: Brown A-5 (913) 837-8400 Commenced Spudding: 9/4/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil/Clay	12
8	Shale	20
17	Lime	37
7	Shale	44
11	Lime	55
4	Shale	59
15	Lime	74
41	Shale	115
24	Lime	139
71	Shale	210
22	Lime	232
25	Shale	257
5	Lime	262
28	Shale	290
6	Lime	296
27	Shale	323
21	Lime	344
10	Shale	354
22	Lime	376
3	Shale	379
12	Hertha	391
47	Shale	438
6	Sand	444
64	Shale	508
8	Sand	516
34	Shale	550
8	Lime	558
52	Shale	610
3	Lime	613
24	Shale	637
1	Lime	638
9	Shale	647
5	Lime	652
3	Shale	655
1	Sand	656
18	Core	674
84	Shale	758-TD

Brand Tank						
Brown Farm: Franklin County	CA	SING AN	ID TUBING	MEASL	JREMENTS	i
State; Well No. A-5	Feet	ln.	Feet	ln.	Feet	ln.
Elevation 976	27	-		-		1111
Commenced Spuding 20 1		1	77-10			16,4
Finished Drilling 7-6 20 11						it.
Driller's Name Jett Taul	1					
Driller's Name Wes Dollard						1
Driller's Name			£			1
Tool Dresser's Name Steve Scott						
Tool Dresser's Name						
Tool Dresser's Name						
Contractor's Name	-		*			
19 1C 21						
(Section) (Township) (Range)						
Distance from Sline, 51/5 ft.						
Distance from E line, 825 ft.					-	
) 600	-			-		
3 Sacks	-					
A2- 011						
937-951	-	-				
CASING AND TUBING	-				-	
RECORD		+-+				
HEGOND		╁╌╟				
101/ 0-4		+-+				
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8" Set 8" Pulled		-				-
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4" Set 4" Pulled		_اا				<u> </u>
2" Set 2" Pulled	Ç.		-1-			

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Thickness of Strata	Formation	Total Depth	Remarks
0-12	Soil/Clary	12	
E	Shale 0	20	
17	Limp	37	
7	Shale	44	
11	Lime	55	
4	Snale	59	
15	LIME	74	
41	Shalp	115	
24	Lime	139	
71	Shale	210	
22	Lime	232	
25	Shale	257	
_ 5	Lime	262	
28	snalp	290	
G	Lime	296	
27	Shale	323	
21	Lime	344	
1.0	Shale	354	
22	LIMP	374	
_3	Shale	379	
_ 1/2	Hertha	391	
47	Shale	438	
6	Sand	444	100 01
64	Shalp	508	
E	Sand	516	NO OH
34	Shale	550 558	
-6	Lime	558	
	-2-	N. 1949	2

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Thickness of Strata	Formation	Total Depth	Remarks
52	Shale	610	Nemaris
3	Lyme	613	
74	Shale	1037	
1		-	
9	Limo	638	
-1	Shalp	647	
	Line	652	Brown
3	Shalo	655	4
	Sand	650	Gren
[8]	Core	674	0 10 15: 10=
84	Shale	758	TO 656-663; Mainly Sas
			1 9
	-4-		



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 #

244177

Invoice Date:

09/15/2011

Terms: 0/0/30, n/30

Page

ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785) 883-4057

BROWN A-5 32808 NE 19 16 20 FR 09/06/2011 KS

Part 1	Number	Description	Otv	Unit Price	Total
1124		50/50 POZ CEMENT MIX	100.00	10.4500	1045.00
1118B		PREMIUM GEL / BENTONITE	168.00	.2000	33.60
1111		GRANULATED SALT (50 #)	193.00		67.55
1110A		KOL SEAL (50# BAG)	500.00		220.00
1143		SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401		HE 100 POLYMER	.50	47.2500	23.63
4402		2 1/2" RUBBER PLUG	1.00	28.0000	28.00
	Description		Hours	Unit Price	Total
495	CEMENT PUMP		1.00	975.00	975.00
495	EQUIPMENT MILE	AGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE		746.00	.00	.00
505	WATER TRANSPOR	T (CEMENT)	2.00	112.00	224.00
548	MIN. BULK DELI	VERY	.50	330.00	165.00

Parts: 1437.98 Freight: .00 Tax: 112.16 AR 2914.14

Labor: .00 Misc: .00 Total: 2914.14 Sublt: .00 Supplies: .00 Change:

Signed

Date



TICKET NUMBER 32808

LOCATION D ++ qwg

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		Made

PO Box 884, Chanute, KS 66720	CICI D TIOUSE &	FU
620-431-9210 or 800-467-8676	FIELD TICKET & TREATMENT REP	OR
32 TO 1-32 TO OF 800-467-8676	The second secon	

STATE ZIP CODE JOB TYPE DOG STATUS CASING DEPTH 746 DRILL PIPE SLURRY WEIGHT DISPLACEMENT PSI BOD MAIL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY NELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY TRUCK # DRIVER		u or 800-467-8676	CEME	NT			
CUSTOMER COSTOMER COS	DATE	CUSTOMER#	WELL NAME & NUMBER		TOWNSHIP	DANOS	
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STIP MILEAGE GO STIP THE SALESTIAN I.G. II. IV.						UNIT PRICE	TOTAL
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HORIZTION (Vel)				 			112,16
	THORIZTION (Wely Dulh			,	TOTAL	29 14.14

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.