



KANSAS CORPORATION COMMISSION 1078308
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: _____



1078308

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B AI-1
Lease Owner: Alta Vista

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

Commenced Spudding:
2/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
3	Lime	10
3	Clay	13
4	Shale	17
17	Lime	34
7	Shale	41
9	Lime	50
8	Shale	58
15	Lime	73
23	Shale	96
76	Lime	172
31	Shale	203
8	Lime	211
14	Shale	225
5	Shale & Lime	230
6	Lime	236
3	Shale	239
11	Lime	250
32	Shale	282
1	Lime	283
11	Shale	294
25	Lime	319
6	Shale	325
24	Lime	349
4	Shale	353
4	Lime	357
6	Shale	363
5	Lime	368
54	Shale	422
35	Sand	457
19	Shale	476
17	Sand	493
49	Shale	542
5	Lime	547
3	Shale	550
3	Lime	553
6	Shale	559
7	Lime	566
16	Shale	582
4	Lime	586

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil-clay	7	
3	Lime	10	
3	clay	13	
4	shale	17	
17	Lime	34	
7	shale	41	
9	Lime	50	
8	shale	58	
15	Lime	73	
23	shale	96	
76	Lime	172	
31	shale	203	
8	Lime	211	
14	shale	225	
5	shale & lime	230	
6	Lime	236	
3	shale	239	
11	Lime	250	
32	shale	282	
1	Lime	283	
11	shale	294	
25	Lime	319	
6	shale	325	
24	Lime	349	
4	shale	353	
4	Lime	357	
6	shale	363	

363

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	368	
54	shale	422	
35	sand	457	no oil
19	shale	476	
17	sand	493	no oil
49	shale	542	
5	Lime	547	
3	shale	550	
3	Lime	553	
6	shale	559	
7	Lime	566	
16	shale	582	
4	Lime	586	
6	shale	592	
3	Lime	595	
6	shale	601	
2	Lime	603	
102	shale	705	
18	sand	723	no oil
88	shale	811	
5	sand	816	
9	shale	825	
1	sand	826	
7	sand	833	broken 75% oil
3	sand	836	broken 50% oil
1	sand	837	solid oil
7	sand	844	no oil



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 # 248020

Invoice Date: 02/28/2012 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

MC CAM B AI-1
34195
SE 15 14 22 JO
2/24/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	595.00	.4600	273.70
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
370 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)	30.00	4.00	120.00
495 CASING FOOTAGE	910.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1796.68 Freight: .00 Tax: 135.20 AR 3611.88
Labor: .00 Misc: .00 Total: 3611.88
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34195
LOCATION Ottawa KS
FOREMAN Fred 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
2/24/12	3244	Mc Mann "B" AI-1	SE 15	14	22	JO
CUSTOMER			TRUCK #			
Alta Vista Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
4595 Highway 33			DRIVER			
CITY			TRUCK #			
Wellsville			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66092			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 910 DRILL PIPE Baffle TUBING @ 879 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug +
DISPLACEMENT 5.1138 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA 41 + 1/2 gal HE-100 Polymer
Flush. Circulate to condition hole. Mix + Pump 100 # Premium
Gel Flush. Mix + Pump 119 SKS 50/50 Per Mix Cement 2 7/8 Gal
5 7/8 Salt 5 # Kal Seal / sk. Cement to surface. Flush pump +
lines clean. Displace 2 1/2" Rubber plug to baffle in casing
Pressure to 800 # PSI. Release pressure to set float valve.
Shot in casing.

TOS Drilling (wss)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁹
5402	910'	Casing footage		4/c
5407	Minimum	Ton Miles	548	175 ⁰⁰
5502C	2 HRS	80 BBL Vac Truck	370	180 ⁰⁰
1124	119 SKS	50/50 Per Mix Cement		1303 ⁰⁵
1158	300 #	Premium Gel 1		63 ⁰⁰
1111	230 #	Granulated Salt		85 ¹⁰
110A	595 #	Kal Seal		273 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1173	1/2 Gal	ESA 41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
248020				
			7.525%	
			SALES TAX	135 ²⁰
			ESTIMATED TOTAL	3611 ⁸⁸

Ravin 3737

AUTHORIZATION Wesley Dollard 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 fi