



KANSAS CORPORATION COMMISSION 1078312
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: _____



1078312

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B AI-3
Lease Owner: Alta Vista

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

Commenced Spudding:
2/24/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
2	Lime	8
2	Clay	10
1	Lime	11
4	Clay	15
7	Shale	22
13	Lime	35
7	Shale	42
9	Lime	51
8	Shale	59
16	Lime	75
17	Shale	92
80	Lime	172
30	Shale	202
8	Lime	210
14	Shale	224
6		230
6	Lime	236
4	Shale	240
10	Lime	250
32	Shale	282
1	Lime	283
11	Shale	294
25	Lime	319
8	Shale	327
23	Lime	350
4	Shale	354
4	Lime	358
6	Shale	364
6	Lime	370
54	Shale	424
40	Sand	464
14	Shale	478
20	Sand	498
45	Shale	543
4	Lime	547
3	Shale	550
1	Lime	551
8	Shale	559
6	Lime	565

McLann B Farm: Johnson County

KS State; Well No. AI-3

Elevation 1024

Commenced Spuding Feb 24 2012

Finished Drilling Feb 28 2012

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Sean Hutch

Tool Dresser's Name Mike Myers

Tool Dresser's Name

Contractor's Name TOS

15 14 22

(Section) (Township) (Range)

Distance from S line, 2175 ft.

Distance from E line, 1425 ft.

8 hrs 3 sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7-~~8~~ 7/8" Set 20 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
884		Baffle			
				2 7/8	
914		Float			

Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil-clay	6	
2	Lime	8	
2	clay	10	
1	Lime	11	
4	clay	15	
7	shale	22	
13	Lime	35	
7	shale	42	
9	Lime	51	
8	shale	59	
16	Lime	75	
17	shale	92	
80	Lime	172	
30	shale	202	
8	Lime	210	
14	shale	224	
6	shale & lime	230	
6	Lime	236	
4	shale	240	
10	Lime	250	
32	shale	282	
1	Lime	283	
11	shale	294	
25	Lime	319	
8	shale	327	
23	Lime	350	
4	shale	354	

354

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	358	
6	shale	364	
6	Lime	370	
54	shale	424	
40	sand	464	no O.I
14	shale	478	
20	sand	498	no O.I
45	shale	543	
4	Lime	547	
3	shale	550	
1	Lime	551	
8	shale	559	
6	Lime	565	
17	shale	582	
3	Lime	585	
8	shale	593	
11	Lime	604	
106	shale	710	
17	sand	727	good odor poor bleed
11	shale	738	
4	Lime	742	
87	shale	829	
5	limey sand	834	broken 50% O.I
7	sand	841	solid O.I
4	sandy shale	845	no O.I
35	shale	920	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 # 248101

Invoice Date: 02/29/2012 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

MC CAM B AI-3
34208
SE 15 14 22 JO
2/28/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	126.00	10.9500	1379.70
1118B	PREMIUM GEL / BENTONITE	312.00	.2100	65.52
1111	SODIUM CHLORIDE (GRANULA	243.00	.3700	89.91
1110A	KOL SEAL (50# BAG)	630.00	.4600	289.80
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	914.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1896.76 Freight: .00 Tax: 142.74 AR 3719.50
 Labor: .00 Misc: .00 Total: 3719.50
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34208
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
2-28-12	3244	McLann "B" ALR3	SE 15	14	22	To
CUSTOMER Altavista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety Meet	
CITY Wellsville			368	Gary M	GM	
STATE KS			369	Derek M	DM	
ZIP CODE 66092			503	Daniel G	DLG	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 914 DRILL PIPE _____ TUBING _____ OTHER 884 baffle
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 5.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 416 bpm

REMARKS: held crew meet. Established rate. Mixed + pumped 1/2 gal polymer + 1/2 gal ESA 41. Circulated into new pit. Mixed + pumped 100 # gel to flush hole followed by 126 sk 50150 cem plus 5# Kalseal 5% salt, 27 gal per sack. Circulated cement. Flushed pump. Pumped plug to casing baffle. Well held 800 PSI. Set float. Closed valve.

TDS, was Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	914	casing footage		—
5407	mi	ten miles		350.00
3502C	2	80 vac		180.00
1124	126	50150 cement		1379.70
1118B	312 #	gel		65.52
1111	243 #	salt		89.91
1110A	630 #	Kalseal		229.80
1143	1/2 gal	ESA 41	20.20	25.68
1401	1/2 gal	HE 100		23.63
4402	1	2 1/2 plug		28.00
<u>248101</u>				
SALES TAX				142.74
ESTIMATED TOTAL				3719.50

Flavin 9787
AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in account records, at our office, and conditions of service on the back of this form are in effect for service.