



KANSAS CORPORATION COMMISSION 1078317
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: _____



1078317

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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Johnson County, KS
 Well: McCann B AI-5
 Lease Owner: Alta Vista

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

Commenced Spudding:
 2/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Lime	19
5	Shale	24
16	Lime	40
7	Shale	47
7	Lime	65
10	Shale	64
14	Lime	78
21	Shale	99
77	Lime	176
30	Shale	206
7	Lime	213
22	Shale	235
6	Lime	241
3	Shale	244
10	Lime	254
44	Shale	298
27	Lime	325
5	Shale	330
24	Lime	354
4	Shale	358
5	Lime	363
4	Shale	367
6	Lime	373
52	Shale	425
10	Sandy Shale	435
48	Shale	483
7	Sand	490
55	Shale	545
4	Lime	549
15	Shale	564
6	Lime	570
17	Shale	587
3	Lime	590
8	Shale	598
11	Lime	609
111	Shale	720
13	Sandy Shale	733
11	Shale	744
3	Lime	747

McCann B Farm: Johnson County

KS State; Well No. A1-5

Elevation 1092

Commenced Spuding 2-23 20 12

Finished Drilling 3-1 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Contractor's Name _____

15 14 22

(Section) (Township) (Range)

Distance from S line, 2175 ft.

Distance from E line, 175 ft.

9392 - 9402 - 10 hrs

3 sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

~~7"~~ Set 22' 8" Pulled _____

6½" Set _____ 6½" Pulled _____

4" Set _____ 4" Pulled _____

~~2 7/8"~~ Set 915⁰⁵ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>893</u>	<u>95</u>	<u>Back</u>			
<u>915</u>	<u>05</u>	<u>Elmer's</u>			

Thickness of Strata	Formation	Total Depth	Remarks
13	soil/clay	13	
6	Lime	19	
5	shale	24	
16	Lime	40	
7	shale	47	
7	Lime	54	
10	shale	64	
14	Lime	78	
21	shale	99	
77	Lime	176	
30	shale	206	
7	Lime	213	
22	shale	235	
6	Lime	241	
3	shale	244	
10	Lime	254	
44	shale	298	
27	Lime	325	
5	shale	330	
24	Lime	354	
4	shale	358	
5	Lime	363	
4	shale	367	
6	Lime	373	
52	shale	425	
10	sandy shale	435	
48	shale	483	

483

Thickness of Strata	Formation	Total Depth	Remarks
7	sand	490	no oil
55	shale	545	
4	Lime	549	
15	shale	564	
6	Lime	570	
17	shale	587	
3	Lime	590	
8	shale	598	
11	Lime	609	
11	shale	720	
13	sandy shale	733	no oil
11	shale	744	
3	Lime	747	
34	shale	831	
3	sandy lime	834	50% oil, odor, ok bleed
1	sandy lime	835	10%
1	sandy lime	836	20%
3	sand	839	solid
2	sandy lime	841	5%-10% oil
3	sand shale	844	no oil
4	sand	848	no-oil, grey
2	sandy shale	850	10%-20% oil
4	sandy shale	854	no oil
76	shale	930	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 # 248199

Invoice Date: 03/08/2012 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-5
34222
SE 15 14 22 JO
3/1/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	10.9500	1357.80
1118B	PREMIUM GEL / BENTONITE	408.00	.2100	85.68
1111	SODIUM CHLORIDE (GRANULA	240.00	.3700	88.80
1110A	KOL SEAL (50# BAG)	620.00	.4600	285.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	915.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1845.48 Freight: .00 Tax: 138.87 AR 3709.35
Labor: .00 Misc: .00 Total: 3709.35
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34222

LOCATION Ottawa KS

FOREMAN Fred Maden

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
3/1/12	3244	McCann "B" #A1-5	SE 15	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 Highway 33			506	FREMA	Safety	MD
CITY Wellsville	STATE KS	ZIP CODE 66092	495	NARBEC	11/11/11	0
			370	KEICAR	100	
			558	RYASIN	RS	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8 - EUE
 CASING DEPTH 915' DRILL PIPE Baffle tubing @ 8 & 4' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 5.14 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal HE-100 Polymer Flush
Circulate from pit to condition hole. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 124 SKS 50/50 Poz Mix Cement 270 Gal 5% Salt
5# Kol 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. Shut in casing.

Tos Drilling (Chad)

Fred Maden

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 ⁰⁰
5402	915	Casing Footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	370	225 ⁰⁰
1124	124 SKS	50/50 Poz Mix Cement		1357 ⁸⁰
1118B	408#	Premium Gel		85 ⁶⁸
1111	240#	Consolidated Salt		88 ⁸⁰
1110A	620#	Kol Seal		285 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
<u>248199</u>				
			7.8%	SALES TAX
				ESTIMATED TOTAL
				138 ⁸⁰
				3769 ²⁵

Ravin 8737

AUTHORIZATION [Signature]

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