



KANSAS CORPORATION COMMISSION 1079940
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: _____



1079940

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: Guetterman AI-1
Lease Owner: Alta Vista

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

Commenced Spudding:
3/27/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
11	Soil-Clay	11
5	Sand Stone	16
40	Shale	56
5	Lime	61
4	Shale	65
4	Lime	69
5	Shale	74
16	Lime	90
9	Shale	99
9	Lime	108
4	Shale	112
2	Lime	114
2	Shale	116
17	Lime	133
18	Shale	151
20	Lime	171
7	Shale	178
50	Lime	228
22	Shale	250
10	Lime	260
18	Shale	278
6	Lime	284
7	Shale	291
9	Lime	300
2	Shale	302
4	Lime	306
36	Shale	342
25	Lime	367
6	Shale	373
22	Lime	395
4	Shale	399
15	Lime	414
151	Shale	565
5	Sand	570
14	Shale	584
5	Lime	589
14	Shale	603
3	Lime	606
21	Shale	627
2	Lime	629

Thickness of Strata	Formation	Total Depth	Remarks
11	soil/clay	11	
5	sandstone	16	
40	shale	56	
5	lime	61	
4	shale	65	
4	lime	69	
5	shale	74	
16	lime	90	
9	shale	99	
9	lime	108	
4	shale	112	
2	lime	114	
2	shale	116	
17	lime	133	
18	shale	151	
20	lime	171	
7	shale	178	
50	lime	228	
22	shale	250	
10	lime	260	
18	shale	278	with some lime seams
6	lime	284	
7	shale	291	
9	lime	300	
2	shale	302	
4	lime	306	
36	shale	342	

Thickness of Strata	Formation	Total Depth	Remarks
25	Lime	367	
6	shale	373	
22	Lime	395	
4	shale	399	
15	Lime	414	
151	shale	565	
5	sand	570	grey, no oil
14	shale	584	
5	Lime	589	
14	shale	603	
3	Lime	606	
21	shale	627	
2	Lime	629	
11	shale	640	
6	Lime	646	
105	shale	751	
6	Broken sand	757	Brown & grey sand, downlight
	shale	870	bleed
3	Broken sand	873	Brown & white sand, no oil
1	sand	874	20% oil, down ok bleed
3	sand	877	80% - 90% oil
1	Broken sand	878	10% oil
4	sandy shale	882	no oil
77	shale	959	



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 # 248675

Invoice Date: 03/31/2012 Terms: 0/0/30,n/30

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

GUETTERMAN AI-1
36559
19 14 20 JO
3/28/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	118.00	10.9500	1292.10
1118B	PREMIUM GEL / BENTONITE	298.00	.2100	62.58
1111	SODIUM CHLORIDE (GRANULA	228.00	.3700	84.36
1110A	KOL SEAL (50# BAG)	590.00	.4600	271.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	1.00	47.2500	47.25

Description	Hours	Unit Price	Total
369 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	938.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1785.69 Freight: .00 Tax: 134.38 AR 3645.07
Labor: .00 Misc: .00 Total: 3645.07
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36559

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
3/28/12	3244	Guettovman # AJ-1	19	14	20	50
CUSTOMER Alta Vista Energy						
MAILING ADDRESS 4595 Hiway 33						
CITY Wellsville		STATE KS	ZIP CODE 66092			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		506	FREMAO	Safety	MAY	
		495	HARREC	HB	J	
		369	DERMAS	DM		
		503	DANGAR	DG		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 930' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 9380 DRILL PIPE Baffle in TUBING 9 06 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug & 31'
 DISPLACEMENT 5.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 PM

REMARKS: Establish pump rate. Mix & Pump 1 Gal HE-100 Polymer Flush.
 Circulate to condition wellbore. Mix & Pump 100# Premium Gel
 Mix & Pump 118 SKS 50/50 Poz Mix Cement 270 Gal 5% Salt
 3# Kol Seal/sk. Cement to surface. Flush pump & lines clean.
 Displace 2 1/2" Rubber plug to baffle. Pressure to 800# PSI,
 Release pressure to set float valve. Shut in casing.

Tas Drilling - Chad.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	10.30 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	938	Casing footage		N/C
5407	Minimum	Tax Miles.	503	350 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	369	225 ⁰⁰
1124	118 SKS	50/50 Poz Mix Cement		1292 ¹⁰
1118B	298#	Premium Gel		62 ⁵⁸
1111	228#	Granulated Salt		84 ³⁶
1110A	590#	Kol Seal		271 ⁴⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1401	1 Gal	HE-100 Polymer		47 ³⁵
248675				
SALES TAX				134 ³⁸
ESTIMATED TOTAL				3645 ⁰⁷

Havin 3737

AUTHORIZATION No Co. Rep on Site 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