

Kansas Corporation Commission Oil & Gas Conservation Division

1079947

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 ☐ 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?
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: Conv. to ENHR	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 Recompletion Date 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.

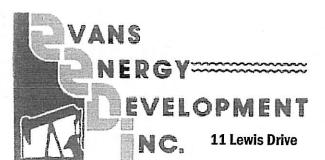
Submitted Electronically

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: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing Estimated Production Oil Bbls. Mcf Water Bbls. Gas-Oil Ratio Gas Gravity Per 24 Hours

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease (If vented, Submit ACO-18.)	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) Other (Specify)	



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG Altavista Energy, Inc. Guetterman #AI-5 API # 15-091-23,506

January 13 - January 17, 2012

Thickness of Strata	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
5	sandstone	17
54	shale	71
4	lime	75
15	shale	90
17	lime	107
10	shale	117
8	lime	125
6	shale	131
22	lime	153
14	shale	167
20	lime	187
6	shale	193
54	lime	247
20	shale	267
10	lime	277
6 .	shale	283
2	lime	285
6	shale	291
10	lime	301
4	shale	305
14	lime	319
38	shale	357
26	lime	383
7	shale	390
21	lime	411
4	shale	415
15	lime	430 base of the Kansas City
33	shale	463
6	sand	469
134	shale	603
12	lime	615
8	shale	623
14	lime	637
6	shale	643
3	lime	646
14	shale	660
2	lime	662
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Guetterman #AI-5		Page 2
15	shale	677
3	lime	680
9	shale	689
9	lime	698
5	shale	703
8	lime	711
52	shale	763
9	broken sand	772 brown & grey sand, lite bleeding
112	shale	884
2.5	broken sand	886.5 brown & white sand, 20% oil sand
1	lime	887.5
3.5	oil sand	891 black, good sand and bleeding
2	broken sand	893 black & white sand, 90% bleeding sand
1	broken sand	894 brown & white sand, no bleeding
66	shale	960 TD

Drilled a 9 7/8" hole to 21.1' Drilled a 5 5/8" hole to 960'

Set 21.1' of 7" surface casing cemented with 5 sacks of cement.

Set 949.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, and 1 baffle.

	Core Times	6
	Minutes	Seconds
885		34
886		56
887	1	31
888	1	9
889		41
890		36
891		23
892		33
893		36
894		35
895		36
896		41
897		28
898		45
899		40
900		42
901		36
902		39
903		41

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 Date: 01/19/2012 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 GUETTERMAN AI-5 36768 NW 20 14 22 JO 1/17/12 KS

Part Number Description Qty Unit Price Total 1124 50/50 POZ CEMENT MIX 137.00 10.9500 1500.15 1118B PREMIUM GEL / BENTONITE 230.00 .2100 48.30 1111 SODIUM CHLORIDE (GRANULA 288.00 .3700 106.56 1110A KOL SEAL (50# BAG) 685.00 .4600 315.10 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 369 80 BBL VACUUM TRUCK (CEMENT) 1.50 90.00 135.00 485 CEMENT PUMP 1.00 1030.00 1030.00 485 EQUIPMENT MILEAGE (ONE WAY) 30.00 4.00 120.00 485 CASING FOOTAGE 950.00 .00 .00 510 MIN. BULK DELIVERY .50 350.00 175.00

Parts: 2041.94 Freight: .00 Tax: 153.66 AR 3655.60

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

.00 Total: 3655.60 .00 Change: .00

Signed______Date____



QU Well Services, LLC

36768 TICKET NUMBER LOCATION C FOREMAN Case

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

DATE	Coldens :			CEMEN	1	21 *		
DATE	CUSTOMER#	WEL	L NAME & NUM	3ER	SECTION	TOWNSHIP	RANGE	COLINTA
1/17/12	3244	Guettern	ran AI-	5	NW 20	14	A CHANGE	COUNTY
CUSTOMER	- Inam						22	00
MAILING ADDRE					. TRUCK#	DRIVER	TRUCK#	DDWED
PO' Bo					481	Casken	ck	DRIVER
CITY	K 128	1====			485	Alallea	AM	•
		STATE	ZIP CODE		510	Der Mes		
Wellswill	e	IKS.	66092		369	1111	DM	
JOB TYPE /on	estrive	HOLE SIZE 5		HOLE DEPTH		HIMOD	ARU	
CASING DEPTH	950	DRILL PIPE				CASING SIZE & V	VEIGHT 2 Hg M	EVE
SLURRY WEIGHT		SLURRY VOL		TUBING Ba		<u> </u>	OTHER	_
DISPLACEMENT			 .	WATER gal/sk		CEMENT LEFT in	CASING 2 1/2	"rubberplin
,		DISPLACEMENT	the state of the s	MIX PSI		RATE & bow	ľ	13
REMARKS: Ne			establish	ed cores	lation us	is at the	uned 1/2	-1 ECA 111
Deap + 1/2	2 ggl Ht	-150 Potyn	ner follow	und by	20bble Va	. 1 11	1 1	al 6)4-41
1317 sk	5 50/50	Poznis	cement	w/ 207	gol, 5%	Salt +		pumped
SK, cevy		rurlace.		1000 C	ean, disp	7	5# 101 0	eal par
cococo bat		w/5.35	bbls f		a foregraph and the first the second and the second	A / C	2 "robber p	olia to
		asiva.	2.013	ish kat	er, press	red to 80	00 PS1, rel	erred
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ACCOUNT							-	1
CODE	QUANITY	or UNITS	DESC	PIPTION of S	ED///050			

ACCOUNT				(, , , , , ,
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE Cement punc	+	10
5406	30			1030,00
5402	950'	Call		120.00
SUBT	1/2 wininum	Casing tootage		
5502C	1,5 hrs.	ton mileage	- 2	1750
33000	. 1,0 K/S.	80 Vac	f.,	135-00
1124	13-1 0/4	727		
11/873	137 Scs	50/50 Pomix cornert		1500:15
111015	230 #	Fremium Gel		48.30
1111	288 #	Salt		
11 10A	Ce85 #	KolSeal		106.56
1143	/a gal	ESA-41 Soap		315.10
1401	1/2 Gal	HE-150 Polymer		20.20
4402	1	21/2" rubber plus		23.63
		are soon ping		28,00
		1		
		.00/		
		0,110		
		14.0		
Ravin 3737		7.525%	SALES TAX	153.66
	11 / 12	1	ESTIMATED	31.50-10

AUTHORIZTION No Co. Rep. on location

3655.60 TOTAL

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.