



KANSAS CORPORATION COMMISSION 1080075
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: _____



1080075

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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Franklin County, KS
Well: Bivins A-20
Lease Owner: Alta Vista

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

Commenced Spudding:
1/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
29	Soil/Clay	29
25	Lime	54
8	Shale	62
10	Lime	72
3	Shale	75
17	Lime	92
42	Shale	134
16	Lime	150
82	Shale	232
23	Lime	255
23	Shale	278
6	Lime	284
21	Shale	305
5	Sandy Shale	310
2	Shale	312
9	Lime	321
8	Shale	329
1	Lime	330
18	Shale	348
24	Lime	372
8	Shale	380
25	Lime	405
3	Shale	408
3	Lime	411
4	Shale	415
5	Lime	420
48	Shale	468
5	Lime	473
99	Shale	572
5	Sandy Shale	577
3	Shale	580
8	Lime	588
9	Shale	597
6	Lime	603
10	Shale	613
7	Lime	620
13	Shale	633
3	Lime	636
8	Shale	644
8	Lime	652

Thickness of Strata	Formation	Total Depth	Remarks
29	soil/clay	29	
25	Lime	54	
8	shale	62	
10	Lime	72	
3	shale	75	
17	Lime	92	
42	shale	134	
16	Lime	150	
82	shale	232	
23	Lime	255	
23	shale	278	
6	Lime	284	
21	shale	305	
5	sandy shale	310	
2	shale	312	
9	Lime	321	
8	shale	329	
1	Lime	330	
18	shale	348	
24	Lime	372	
8	shale	380	
25	Lime	405	
3	shale	408	
3	Lime	411	
4	shale	415	
5	Lime	420	
48	shale	468	

468

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	473	
99	shale	572	
5	Lime	577	
3	shale	580	
8	Lime	588	
9	shale	597	
6	Lime	603	
10	shale	613	
7	Lime	620	
13	shale	633	
3	Lime	636	
8	shale	644	
8	Lime	652	
4	shale	656	
2	Lime	658	
12	shale	670	
4	Lime	674	
4	shale	678	
2	sand	680	grey
10	sand	690	20% - 30% oil
8	sand	698	5%
2	sand	700	grey
6	sandy shale	706	
24.5	shale	730.5	
18.5	core	749	porc - 8
50	shale	799	TD

BUCKEYE SUPPLY PIPE TALLEY

FROM <i>W. K. Wille</i>				DATE <i>1/29/12</i>	
TO <i>D.C. Education</i>				P.O. NO.	
TALLY OF:	SIZE <i>2 7/8</i> IN.	KIND <i>cast</i>		NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>
THREAD <i>8.0</i>	WEIGHT		CHG. NO.		

ON (R.R. OR TRUCK CO.)	CAR OR TRUCK NO.
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NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	30	80	31	65						
2	31	45	31	50						
3	30	60	31	30						
4	30	40	32	65	- RIS					
5	31	65	31	25	BLAFED					
6	32	10								
7	32	00								
8	32	30			410 THRS TO SCOT + 1 cast					
9	32	75								
10	31	60					724. 45			
11	31	65								
12	31	90			410 THRS TO BLAFED + SCOT					
13	31	90								
14	31	30					757. 50			
15	31	20								
16	31	50			410 THRS TO 1/2" PIPE + 1 cast					
17	31	45								
18	31	10					788. 55			
19	32	45								
20	30	20								
Total	633	80	158	35						

TOTALS:	No. of Pieces <i>25</i>	Length <i>792</i>	FL <i>15</i>	Ins.
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Remarks: *Bluffs A20*

Tallied by <i>Tom A. Jordan</i>	Received By <i>TOS</i>
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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 # 247409

Invoice Date: 01/26/2012 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

BIVENS A-20
36832
SW 18 16 21 FR
01/24/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	96.00	10.9500	1051.20
1118B	PREMIUM GEL / BENTONITE	179.00	.2100	37.59
1111	SODIUM CHLORIDE (GRANULA	206.00	.3700	76.22
1110A	KOL SEAL (50# BAG)	480.00	.4600	220.80
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
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
495 CASING FOOTAGE	789.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1457.64 Freight: .00 Tax: 113.69 AR 3146.33
 Labor: .00 Misc: .00 Total: 3146.33
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

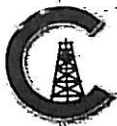
PONCA CITY, OK
580/762-2303

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

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

TICKET NUMBER 36832

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-27-12	3247	Birkus A-20	SW 18	16	21	FR
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 799 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 789 DRILL PIPE _____ TUBING _____ OTHER 757
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal polymer + 1/2 gal ESA 41 to condition hole. Mixed & pumped 96 wk 50/50 cem plus 5# Kolseal, 5# Sasett, 2% gal per sack. Circulated cement. Flushed pump. Pumped plus to baffle @ 757'. Well held 800 PSI. Set floats. Closed valve.

TOS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	15	MILEAGE		60.00
5402	789	casing footage		—
5407	min	ton miles		350.00
5502C	1 1/2	80 uac		135.00
1124	96	50/50 cem		1051.20
1118B	179#	gel		37.59
1111	206#	Salt		76.22
1110A	480#	Kolseal		230.80
1143	1/2	ESA 41		20.20
1421	1/2	polymer		23.63
4402	1	2 1/2 plug		28.00
<u>2177409</u>				
SALES TAX				113.69
ESTIMATED TOTAL				3146.33

Ravin 9737

NO COMPANY REP
Jim OK'd

AUTHORIZATION _____

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.