



KANSAS CORPORATION COMMISSION 1080079
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: _____



1080079

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 AI-20
Lease Owner: Alta Vista

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

Commenced Spudding:
1/17/2012

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
81	Shale	231
23	Lime	254
23	Shale	277
6	Lime	283
15	Shale	298
6	Sandy Shale	304
17	Shale	321
3	Lime	324
8	Shale	332
1	Lime	333
16	Shale	349
24	Lime	373
8	Shale	381
24	Lime	405
5	Shale	410
3	Lime	413
4	Shale	417
4	Lime	421
6	Shale	427
1	Lime	428
41	Shale	469
5	Sandy Shale	474
98	Shale	572
5	Lime	577
7	Shale	584
7	Lime	591
8	Shale	599
8	Lime	607
7	Shale	614
6	Lime	620
15	Shale	635
3	Lime	638

Thickness of Strata	Formation	Total Depth	Remarks
29	soil/clay	29	
35	Lime	64	
8	shale	72	
10	Lime	82	
3	shale	85	
17	Lime	102	
42	shale	144	
16	Lime	160	
81	shale	241	
23	Lime	264	
23	shale	287	
6	Lime	293	
15	shale	308	
6	sandy shale	314	
13	shale	321	
3	Lime	324	
8	shale	332	
1	Lime	333	
16	shale	349	
24	Lime	373	
8	shale	381	
24	Lime	405	
5	shale	410	
3	Lime	413	
4	shale	417	
4	Lime	421	
6	shale	427	

427

Thickness of Strata	Formation	Total Depth	Remarks
1	lime	428	
41	shale	469	
5	sand shale	474	
98	shale	572	
5	lime	577	
7	shale	584	
7	lime	591	
8	shale	599	
8	lime	607	
7	shale	614	
6	lime	620	
15	shale	635	
3	lime	638	
7	shale	645	
8	lime	653	
5	shale	658	
3	lime	661	
10	shale	671	
4	lime	675	
2	shale	677	
1	lime	678	
1	shale	679	
12	sand	691	oil 5% slight bleed, odor
2	sand	693	50%
2	sand	695	grey
4	sand	699	5%
4	sand	703	

703

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	708	
24	shale	732	
1	sand	733	solid, odor
16	core	749	miss - 10
37	shale	786	
5	lime	791	
8	sandy shale	799	TD

Thickness of Strata	Formation	Total Depth	Remarks
	sand	733	
2	sand	735	solid
2	sand	737	Laminated
4	sand + shale	741	
8	shale	749	

BUCKEYE SUPPLY PIPE TALLEY

FROM <u>Wellsville</u>				DATE <u>1/20/12</u>	
TO <u>D.R. Explotation</u>				P.O. NO.	
TALLY OF:	SIZE <u>2 7/8</u>	IN.	KIND <u>Joint</u>	NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>
THREAD <u>Red</u>	WEIGHT		CHG. NO.		
ON (R.R. OR TRUCK CO.)			CAR OR TRUCK NO.		

NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	32	75	33	10						
2	30	95	31	90						
3	32	65	32	75						
4	32	90	31	50						
5	32	75	31	50	- B/B					
6	32	75								
7	31	20								
8	31	85								
9	32	00								
10	31	85			w/ THDS TO BUFFER					
11	31	90								
12	31	75					756.95			
13	31	70								
14	30	90								
15	31	90			Total w/ THDS					
16	30	60								
17	27	55					788.35			
18	31	75								
19	31	90								
20	31	50								
Total	632	00	160	75						

TOTAL	No. of Pieces <u>25</u>	Length <u>792</u>	Fl.	<u>75</u>	Ins.
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Remarks: Burns AT20

Talled by <u>Justin + Tony</u>	Received By <u>TOS</u>
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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 # 247381

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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 AI-20
36863
NW 8 16 21 FR
01/20/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	94.00	10.9500	1029.30
1118B	PREMIUM GEL / BENTONITE	158.00	.2100	33.18
1111	SODIUM CHLORIDE (GRANULA	182.00	.3700	67.34
1110A	KOL SEAL (50# BAG)	470.00	.4600	216.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368 CASING FOOTAGE	788.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1417.85 Freight: .00 Tax: 110.59 AR 3148.44
Labor: .00 Misc: .00 Total: 3148.44
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36863

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
1/20/12	3244	Bivens # AI-20	NW 8	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			506	FREMAD	Safety Mfg	
MAILING ADDRESS			368	ARLMCD	ARM	
4595 33. N. Hwy			370	GARMOO	GM	
CITY	STATE	ZIP CODE	508	RYASIN	RS	
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 500 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 784 DRILL PIPE Baffle Dr TUBING @ 756 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug x 32'
 DISPLACEMENT 4.4 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish pump rate - Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-150 Polymer
Flush. Circulate to condition hole. Mix + Pump 94 SKS 50/50
Por. Mix Cement 2 7/8 Gal 5% Salt 5# Kol Seal /sk. Cement to Surface
Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle
Pressure to 700# PSI. Release pressure to set Float Valve.
Shut in Casing

TDS Drilling (Chad)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 ⁰⁰
5406	15 mi	MILEAGE		60 ⁰⁰
5402	788	Casing footage		N/C
5407	Minimum	Tax Miles		350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	94 SKS	50/50 Por. Mix Cement		1029 ³⁰
118B	158#	Premium Gel		33 ¹⁸
111	182#	Granulated Salt		67 ³⁴
1110A	470#	Kol Seal		216 ²⁰
440R	1	2 1/2" Rubber Plug		26 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-150 Polymer		23 ⁶³
247381				

Favin 3737

Phone w/ J. Hoehn.

7.8% SALES TAX 110.59
ESTIMATED TOTAL 3148⁴⁴

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.