



KANSAS CORPORATION COMMISSION 1081746
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: _____



1081746

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Guetterman A-8
Lease Owner: Alta Vista

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

Commenced Spudding:
3/27/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
18	Shale	38
7	Lime	45
6	Shale	51
16	Lime	67
10	Shale	77
8	Lime	85
4	Shale	89
1	Lime	90
3	Shale	93
19	Lime	112
20	Shale	132
20	Lime	152
5	Shale	157
48	Lime	205
22	Shale	227
9	Lime	236
16	Shale	252
7	Lime	259
7	Shale	266
12	Lime	278
3	Shale	281
3	Lime	284
35	Shale	319
7	Lime	326
4	Shale	330
12	Lime	342
9	Shale	351
22	Lime	373
4	Shale	377
5	Lime	382
3	Shale	385
6	Sandy Shale	391
101	Shale	492
23	Sandy Shale	515
27	Shale	542
4	Lime	546
16	Shale	562
5	Lime	567
15	Shale	582

Guethman (Farm: Johnson) County

KS State; Well No. A-8

Elevation 1017

Commenced Spuding ~~Mar 25~~ 20¹

Finished Drilling Mar 27 20¹²

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Mike Myers

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS
19 14 22

(Section) (Township) (Range)
Distance from S line, 2910 ft.

Distance from E line, 1520 ft.

9 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/2" Set 24 _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with columns for Feet and In. for three different casing/tubing sections. Includes handwritten entries: 835 feet seat nipple, 871 feet Baffle, 896 feet float, and 27/8.

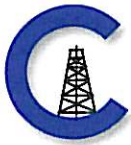
Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil - clay	20	
15	shale	35	
7	Lime	42	
6	shale	48	
16	Lime	64	
10	shale	74	
8	Lime	82	
4	shale	86	
1	Lime	87	
3	shale	90	
19	Lime	109	
20	shale	129	
20	Lime	149	
5	shale	154	
48	Lime	202	
25	shale	227	
9	Lime	236	
16	shale	252	
7	Lime	259	
7	shale	266	
12	Lime	278	
3	shale	281	
3	Lime	284	
35	shale	319	
7	Lime	326	
4	shale	330	
12	Lime	342	

342

Thickness of Strata	Formation	Total Depth	Remarks
9	Shale	351	
22	Lime	373	
4	Shale	377	
5	Lime	382	
3	Shale	385	
6	Lime	391	
101	Shale	492	
23	sandy shale	515	
27	Shale	542	
4	Lime	546	
16	Shale	562	
5	Lime	567	
15	Shale	582	
6	Lime	588	
14	Shale	602	
3	Lime	605	
5	Shale	610	
4	Lime	614	
29	Shale	643	
6	Lime	649	
74	Shale	723	
10	Sand	733	poor bleed
7	sandy shale	740	
12	Shale	752	
2	Lime	754	
87	Shale	841	
1	Lime	842	

842

Thickness of Strata	Formation	Total Depth	Remarks
1	sand	843	50% Oil
1	sand	844	50% Oil
3	sand	847	solid Oil
3	sand	850	20-30% Oil
10	sandy shale	860	no Oil
60	shale	920	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 # 248634

Invoice Date: 03/28/2012 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 A-8
36555
NE 19 14 22 JO
3/27/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	595.00	.4600	273.70
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)	.00	4.00	.00
495 CASING FOOTAGE	901.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1800.10	Freight:	.00	Tax:	135.46	AR	3540.56
Labor:	.00	Misc:	.00	Total:	3540.56		
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 36555

LOCATION Ottawa KS

FOREMAN Fred Moder

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
3/27/12	3244	Gutterman # A-8	N E 19	14	22	JO
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>4595 33rd Highway</u>			506	FREMAD	Safety Mk	
CITY <u>Wellsville</u>			495	HARBEC	HBB	D
STATE <u>KS</u>			389	DERMAS	DM	
ZIP CODE <u>66092</u>			548	MIK HAA	MH	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 820 120 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 715 DRILL PIPE Baffle TUBING @ 8 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29'
 DISPLACEMENT 5.0688 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 B PM

REMARKS: Establish pump rate. Mix + Pump 1 Gal H.E. 100 Polymer Flush.
Mix + Pump 100# Premium Gel Flush. Circulate to condition hole.
Mix + Pump 119 sks 50/50 Poz Mix Cement 2 7/8 Gel 5% Salt
5# 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.

T&S Drilling, (Wes)

Fred Moder

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	90'	Casing footage		N/C
5407	Minimum	Ton Miles		350 ⁰⁰
5502E	2 1/2 hrs	50 BBL Vac Truck		225 ⁰⁰
1124	119 sks	50/50 Poz Mix Cement		1303 ⁰⁵
1115B	300#	Premium Gel		63 ⁰⁰
1611	230#	Granulated Salt		85 ¹⁰
1110A	595#	Kol Seal		273 ⁷⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1401	1 Gal	H.E. 100 Polymer		472 ⁵
<u>2481034</u>				
			7.525%	SALES TAX 135 ⁴⁶
				ESTIMATED TOTAL 3540 ⁵⁶

Ravin 3737

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