



KANSAS CORPORATION COMMISSION 1094318
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: _____



1094318

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Altavista Energy, Inc.

Spindle #A-9

API # 15-121-28,959

December 5 - December 6, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & clay	2
12	lime	14
25	shale	39
11	lime	50
12	shale	62
2	lime	64
16	shale	80
3	lime	83
16	shale	99
4	sand	103 green, oil show
24	shale	127
15	lime	142
11	shale	153
28	lime	181 oil show
6	shale	187
21	lime	208
13	shale	221
2	lime	223
8	shale	231
6	broken sand	237 brown & green sand, oil show
107	shale	344
5	lime	349
32	shale	381
1	lime	382
1	limey sand	383 brown sand, no bleeding
1.5	lime	384.5
0.2	broken sand	384.7 brown & green sand, lite bleeding
0.3	lime	385
1.5	lime & sand	386.5 brown sand, no bleeding
1	broken sand	387.5 brown & green sand, 50% bleeding
0.2	lime	387.7
7.8	broken sand	395.5 brown & green sand, 40% bleeding sand
37.5	shale	433
6	lime	439 good oil show
21	shale	460
8	lime	468 oil show

14	shale	482
4	lime	486
11	shale	497
2	lime	499
24	shale	523
5	lime	528
15	shale	543
2	lime	545
8	shale	553
1	coal	554
9	shale	563
6	sand	569 grey, no oil
34	broken sand	603 brown & grey sand, no oil
16	black sand	619 black, no oil
8	sand	627 brown, no oil
1	coal	628
12	shale	640 TD

Drilled a 9 7/8" hole to 20.5'

Drilled a 5 5/8" hole to 640'

Set 20.5' of 7" surface casing cemented with 5 sacks of cement.

Set 600' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 seating nipple

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
383	1	14
384	2	24
385	1	27
386	1	15
387		55
388		40
389		27
390		19
391		23
392		25
393		23
394		25
395		31
396		24
397		27
398		30
399		38
400		29
401		33
402		36
403		39



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 # 246265

Invoice Date: 12/09/2011 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

SPINDLE A-9
33149
SW 18 17 24 MI
12/6/11

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	71.00	10.9500	777.45
1118B	PREMIUM GEL / BENTONITE	119.00	.2100	24.99
1111	GRANULATED SALT (50 #)	137.00	.3700	50.69
1110A	KOL SEAL (50# BAG)	355.00	.4600	163.30
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00
368 CASING FOOTAGE	600.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1088.26 Freight: .00 Tax: 82.17 AR 2870.43
 Labor: .00 Misc: .00 Total: 2870.43
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33149
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
12-6-11	32447	Spindle A.9	SW 18	17	24	M.			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
Altavista Energy		516	Alan M	Safety	Meet				
MAILING ADDRESS		368	Arlean M	ABM					
P.O. Box 128		369	Derek M	DM					
CITY		558	Keith C	KC					
Wellsville									
STATE									
KS									
ZIP CODE									
66092									

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 620 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 602 DRILL PIPE _____ TUBING _____ OTHER Baffle 570
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Yes
 DISPLACEMENT 3.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer to flush well. Circulated into pit. Mixed & pumped 71 50/150 150 poz plus 5# kol seal, 5% salt, 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle @ 570. Well held 800 PSI. Set float. Closed valves.

Evans Energy, Travis
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5426	600 35	MILEAGE		1030.00
5402	600'	Casing footage		140.00
5407	min	ten miles		350.00
5502C	2	80 val		180.00
1124	71	50/150 poz		772.45
1183	119#	gel		24.99
1111	137#	salt		50.69
1110 A	353#	kol seal		163.30
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	Polymer		23.63
4402	4	2 1/2 plug		25.00
<u>246265</u>				
		SALES TAX		82.17
		ESTIMATED TOTAL		2870.43

NO company rep.
AUTHORIZATION Jim DK'd 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.