



KANSAS CORPORATION COMMISSION 1057453
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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 Highway
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + _____
Contact Person: Phil Frick
Phone: (785) 883-4057
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: None
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 #: _____
04/12/2011 04/13/2011 04/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28854-00-00
Spot Description: _____
SW SE SE NW Sec. 10 Twp. 19 S. R. 24 East West
2791 Feet from North / South Line of Section
3128 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Middaugh Well #: AI-38
Field Name: _____
Producing Formation: Peru
Elevation: Ground: 836 Kelly Bushing: 836
Total Depth: 198 Plug Back Total Depth: 163
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 183
feet depth to: 0 w/ 40 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 20 bbls
Dewatering method used: Evaporated
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: Deanna Garris Date: 06/14/2011



1057453

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-38
 Sec. 10 Twp. 19 S. R. 24 East West County: Miami

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>120.0</td> <td>+716</td> </tr> </table>	Name	Top	Datum	Peru	120.0	+716
Name	Top	Datum					
Peru	120.0	+716					

CASING RECORD <input checked="" 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
Surface	12.25	8.625	20	42	Portland	4	
Production	6.75	4.5	10	183	50/50 Poz	40	See Ticket

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
3	120.0-136.0 - 3.375 DP 23 Gr. T. ECG		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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McAdams Farm: Miami County

KS State: Well No. AI-38

Elevation _____

Commenced Spudding 4-12 20 11

Finished Drilling 4-13 20 11

Driller's Name Jeff Town

Driller's Name Stephen Scott

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

10 14 24

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

Distance from E line, _____ ft.

4 Sacks

CASING AND TUBING RECORD

- 10" Set _____ 10" Pulled _____
- 8" Set 42' 8" Pulled _____
- 6 1/2" Set _____ 6 1/2" Pulled _____
- 4" Set _____ 4" Pulled _____
- 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
32	3				
32	3				
32	2				
32	3				
33	7	162	8		Baffle
20	4	183	2		Total
		198	10		

Thickness of Strata	Formation	Total Depth	Remarks
0-25	Clay	25	
71	Shale	96	
2	Red Bed	98	
3	Shale	101	
7	Red Bed	108	
4	Shale/Clay	112	
5	Red Bed	117	
5	Sandy Shale	122	Odor, bleeding little, grey
4	Sand	126	50% + oil
10	Sand	136	Solid
3	Lime	139	Little sand, 5% oil
33	Shale	172	
4	Lime	176	
7	Shale	183	
10	Lime	193	
5	Shale	198	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 # 240533

Invoice Date: 04/19/2011 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785)883-4057

MIDDAUGH AI-38
31845
NW 10-19-24 MI
04/13/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	10.4500	418.00
1118B	PREMIUM GEL / BENTONITE	168.00	.2000	33.60
1111	GRANULATED SALT (50 #)	78.00	.3500	27.30
1110A	KOL SEAL (50# BAG)	200.00	.4400	88.00
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
368 CASING FOOTAGE	183.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00
503 TON MILEAGE DELIVERY	93.00	1.26	117.18

Parts:	608.90	Freight:	.00	Tax:	45.97	AR	1837.05
Labor:	.00	Misc:	.00	Total:	1837.05		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

API # 15-121-28854-00-00

TICKET NUMBER 31845

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
4/13/11	3244	Middaugh AI-38	NW 10	19	24	MI
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 122			506	Fred	Safety Mtg	
CITY Wellsville			368	Ken	KH	
STATE KS			369	Arlen	ARM	
ZIP CODE 66092			503	Derek	DM	

JOB TYPE Longstrip HOLE SIZE 6 3/4 HOLE DEPTH 198 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 188 DRILL PIPE Baffle TUBING 163 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20' + Plug
 DISPLACEMENT 2.59 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.13 BPM

REMARKS: Establish circulation. Mix + Pump 100 # Premium Gel Flush
 Mix + Pump 50/50 Por Mix Cement 2% Gel 5% Salt
 5 # Kal Seal /sk. Cement to Surface. Flush pump & lines clean
 Displace 4 1/2" Rubber Plug to ~~case~~ ~~to~~ Baffle in casing
 w/ 2.59 BBL Fresh water. Pressure to 600 #PSI.
 Release pressure to set flood valve. Shut in casing

Fred Maden

POWS Drilling.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	0	MILEAGE Truck on lease		N/C
5402	183	Casing footage		N/C
5407A	93	Ton Miles		117 ¹⁸
5802C	1 hr	80 BBL Voc Truck		90 ⁰⁰
1124	40 SKS	50/50 Por Mix Cement		418 ⁰⁰
1118B	168 [#]	Premium Gel		33 ⁶⁰
1111	75 [#]	Granulated Salt		27 ³⁰
1110A	200 [#]	Kal Seal		85 ⁰⁰
4404	1	4 1/2" Rubber Plug		40 ⁰⁰
		NO # 240533		
		7.55%	SALES TAX ESTIMATED	45 ²⁷
			TOTAL	1837 ²⁵

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.