

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: Coffeyville Resources

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 #: _____

<u>5/2/2011</u>	<u>5/3/2011</u>	<u>5/3/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28883-0000
Spot Description: _____
NE SE SE NW Sec. 10 Twp. 19 S. R. 24 East West
3,027 Feet from North / South Line of Section
2,890 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-47
Field Name: Black

Producing Formation: Peru
Elevation: Ground: 834 est Kelly Bushing: NA
Total Depth: 198.0 Plug Back Total Depth: 160.7
Amount of Surface Pipe Set and Cemented at: 45.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 190.2
feet depth to: surface w/ 42 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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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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.

Signature: [Signature]
Title: Associate Date: 5/19/2011

KCC Office Use ONLY

JUN 02 2011

Letter of Confidentiality Received
Date: _____ **KCC WICHITA**
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 6/16/11

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-47
 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 type="checkbox"/> Yes <input checked="" 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>116.0'</td> <td>+718.0</td> </tr> </table>	Name	Top	Datum	Peru	116.0'	+718.0
Name	Top	Datum					
Peru	116.0'	+718.0					

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
Surface	12.25"	8.625"	NA	45.5	Portland	6	NA
Production	6.75"	4.5"	NA	190.2	50/50 Poz	42	See Service 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 spf	116.0 to 132.0 - 51 perfs - 3.375" DP 23 Gr. T. ECG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Pending Permit	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____								
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil Bbls.</td> <td style="width:15%;">Gas Mcf</td> <td style="width:15%;">Water Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> </tr> <tr> <td>NA</td> <td></td> <td></td> <td></td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	NA			
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio						
NA									

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Gravity
JUN 02 2011

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 checked="" 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: KCC WICHITA
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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 # 241178

Invoice Date: 05/11/2011 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

MIDDAUGH AI-47
31864
NW 10-124 MI
05/03/2011
KS

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	210.00	.4400	92.40
1111	GRANULATED SALT (50 #)	81.00	.3500	28.35
1118B	PREMIUM GEL / BENTONITE	171.00	.2000	34.20
1124	50/50 POZ CEMENT MIX	42.00	10.4500	438.90
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	190.00	.00	.00
503 MIN. BULK DELIVERY	.50	330.00	165.00

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Parts:	679.68	Freight:	.00	Tax:	51.32	AR	2096.00
Labor:	.00	Misc:	.00	Total:	2096.00		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

API 15-121-28883-00-00

TICKET NUMBER 31864
LOCATION Ottawa
FOREMAN Alan Mader

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
5-3-11	3244	Middaugh AI-47	NW 10	19	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			576	Alan M	Safety Meet.	
MAILING ADDRESS			495	Casey K	CP	
P.O. Box 128			369	Harold B	HOB	
CITY	STATE	ZIP CODE	503	Lecil P	CHP	
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 198 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 190 DRILL PIPE _____ TUBING _____ OTHER bottle 161
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Field crew meeting. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal Hella. Circulated from new pit to flush well. Mixed & pumped 42 SK 50/50 P02, 5# Kol-seal, 5% salt, 2% gel. Circulated cement. Flushed pump. Pumped plug to bottle @ 161. Well held 800 PSI. Set float. Closed valve.

TOS Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	—	MILEAGE		—
5407	190	Casing Footage		—
5407	1/2 mi	ton miles		165.00
55026	2 1/2	80 vac		225.00
1102A	210 #	Kol-seal		92.40
1111	81 #	salt		28.35
1118B	171 #	gel		37.20
1124	42 SK	50/50 P02		438.90
4404	1	4 1/2 Plug		42.00
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
			RECEIVED	
			JUN 02 2011	
		WD# 241178	KCC WICHITA	
			SALES TAX	51.32
			ESTIMATED TOTAL	2096.00

Rev'n 3737

AUTHORIZATION *Jim Halk* 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.