

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 #: _____

4/11/2011	4/13/2011	4/13/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28851-0000
Spot Description: _____
NW SE SE NW Sec. 10 Twp. 19 S. R. 24 ☒ East ☐ West
3,274 Feet from ☐ North / ☒ South Line of Section
3,144 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-35
Field Name: Black
Producing Formation: Peru
Elevation: Ground: 834 est Kelly Bushing: NA
Total Depth: 178.0 Plug Back Total Depth: 152.7
Amount of Surface Pipe Set and Cemented at: 42.0 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 172.6
feet depth to: surface w/ 40 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.

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: Phil Frick
Title: Associate Date: 5/17/2011

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: Dig Date: 5/16/11

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Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-35
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 Peru 110.0' +724.0

List All E. Logs Run:

Gamma Ray/Neutron/CCL

CASING RECORD ☐ New ☐ 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	42.0	Portland	3	NA
Production	6.75"	4.5"	NA	172.6	50/50 Poz	40	See Service Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3 spf	110.0 to 130.0 - 64 perms - 3.375" DP 23 Gr. T. ECG		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio
NA	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4)	PRODUCTION INTERVAL: KCC WICHITA
	<input type="checkbox"/> Other (Specify) _____	

Well:Middaugh AI35

Town Oilfield Service, Inc.

(913) 837-8400

Commenced Spudding:

4/11/2011

Lease Owner: Future Investment Properties, LLC

WELL LOG

[illegible]

Midnight Farm: Miami County
KS State; Well No. AI-35

Elevation _____

Commenced Spuding 4-11 2011

Finished Drilling 4-13 20 11

Driller's Name Jeff Train

Driller's Name Stephen Scott

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name OS

10 19 24

(Section)	(Township)	(Range)
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Distance from 5 line, ft.

Distance from F line, ft.

3 SACKS

3 hours

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set 42' 8" Pulled

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set 112 4" Pulled

2" Set _____ 2" Pulled _____

152.7 Baffle 176TD

CASING AND TUBING MEASUREMENTS

[illegible]

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-3-



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 # 240530

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-35
31844
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)	50.00	4.00	200.00
368 CASING FOOTAGE	173.00	.00	.00
396 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00
503 TON MILEAGE DELIVERY	93.00	1.26	117.18

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Parts: 608.90 Freight: .00 Tax: 45.97 AR 2037.05
Labor: .00 Misc: .00 Total: 2037.05
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

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

APF 15-121.28851-00.00

TICKET NUMBER 31844

LOCATION Oklahoma KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/13/11	3244	Midlaugh # AK35	NW 10	19	24	M1
CUSTOMER						
Alta Vista Energy						
MAILING ADDRESS						
P.O. Box 128						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wellsville	KS	66092	306	Fred	Safety	Mike
			368	Ken	KN	
			369	Arlen	ARM	
			503	Derek	DM	

JOB TYPE <u>Long string</u>	HOLE SIZE _____	HOLE DEPTH <u>178</u>	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH <u>173</u>	DRILL PIPE <u>Baffle</u>	TUBING <u>153</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING <u>20' x 4 1/2 P/Lg</u>
DISPLACEMENT <u>2.438</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 BPM</u>

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 40 SKS 50/50 Por Mix Cement 2% Gel
5% Salt 5# K₂Seal/SK. Cement to Surface. Flush pump
+ lines clean. Displace 4 1/2" Rubber plug to casing. To w/
2.4 BBL Fresh water. Pressure to 600# PSI. Release
Pressure to set float valve. Shut in casing.

Tours Drilling

Fred Maeder

[illegible]

Rayin 3737

AUTHORIZATION

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.