



KANSAS CORPORATION COMMISSION 1057510
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 SLOW
 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 #: _____
05/10/2011 05/12/2011 05/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28882-00-00
Spot Description: _____
SE NE SE NW Sec. 10 Twp. 19 S. R. 24 East West
3520 Feet from North / South Line of Section
2900 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-46
Field Name: Black
Producing Formation: Peru
Elevation: Ground: 823 Kelly Bushing: 823
Total Depth: 188 Plug Back Total Depth: 144
Amount of Surface Pipe Set and Cemented at: 45 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 172
feet depth to: 0 w/ 37 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 Gertzel Date: 06/07/2011



1057510

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-46
 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: none;"> <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>110</td> <td>+713</td> </tr> </table>	Name	Top	Datum	Peru	110	+713
Name	Top	Datum					
Peru	110	+713					

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	45	Portland	4	
Production	6.75	4.5	10	172	50/50 Poz	37	

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	51 perms - 110.0-126.0 3.375 DP 23 Gr. T. ECG		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 (Explain) _____
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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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Middaugh Farm: Miami County

KS State; Well No. AI-46

Elevation 823

Commenced Spuding May 10 2011

Finished Drilling May 12 2011

Driller's Name Wesley Dollard

Driller's Name Stephen Scott

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name town oilfield
services

10 (Section) 19 (Township) 24 (Range)

Distance from South line, 3520 ft.

Distance from East line, 2900 ft.

45' of 5/8 surface pipe
2 hr labor

4 sacs portland cement

CASING AND TUBING
RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

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

4" Set 172' _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
29					
28	9				
29					
28	4				
29		144.3			Baffle
28		172.3			Total

Thickness of Strata	Formation	Total Depth	Remarks
2.7	soil clay	2.7	
63	shale	90	
9	red bed	99	
8	shale	107	ODOR
2	red bed	109	ODOR bleed
3	shale sandy	112	25% oil
7	sand	119	Solid Oil good bleed
1	Lime	120	50% oil
2	sand	122	75% oil
1	sand	123	Solid Oil
3	sandy Lime	126	50% oil
3	sandy shale	129	NO. oil
14	shale	143	
1	Lime	144	
20	shale	164	
4	Lime	168	
13	shale	181	
3	Lime	184	
4	shale	188	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 # 241344

Invoice Date: 05/16/2011 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-46
31935
NW 10-19-24 MI
05/12/2011
KS

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	185.00	.4400	81.40
1111	GRANULATED SALT (50 #)	71.00	.3500	24.85
1118B	PREMIUM GEL / BENTONITE	62.00	.2000	12.40
1124	50/50 POZ CEMENT MIX	37.00	10.4500	386.65
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)	50.00	4.00	200.00
495 CASING FOOTAGE	175.00	.00	.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 591.13 Freight: .00 Tax: 44.64 AR 2365.77
 Labor: .00 Misc: .00 Total: 2365.77
 Subt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

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

TICKET NUMBER 31935
LOCATION Ottawa
FOREMAN Alan Madar

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
5-12-11	3244	Midhaugh A.I. 46	NW 10	19	24	Mi
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 6 3/4 HOLE DEPTH 188 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 175 DRILL PIPE _____ TUBING _____ OTHER baffle @ 145
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Mixed & pumped 1/2 gal ESA 41 and 1/2 gal polymer. Circulated from pit to flush hole. Mixed & pumped 37 SK 50150 P02 plus 5# kolseal, 5# salt, 2# gel. Circulated cement. Flushed pump. pumped plug top casing baffle @ 145. Well held 800 PSI. Set float. Closed valve.

TDS Drilling
Alan Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	50	MILEAGE		200.00
5402	175'	casing footage		—
5407	min	ten miles		330.00
5502L	2 1/2	80 vac		225.00
1110A	185 #	Kolseal		81.40
1111	71 #	salt		24.85
1118B	62 #	gel		12.40
1124	37 SK	50150 P02		386.65
4404	1	4 1/2 plug		42.00
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
		W/D # 241344		
				44.64
			SALES TAX	2365.79
			ESTIMATED TOTAL	

Ravln 3737

AUTHORIZATION Dennis Palmer 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.