



KANSAS CORPORATION COMMISSION 1057503
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 S1OW
- 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 #: _____

05/04/2011 05/05/2011 05/05/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28853-00-00

Spot Description: _____
SW SW SE NW Sec. 10 Twp. 19 S. R. 24 East West
2770 Feet from North / South Line of Section
3650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: Middaugh Well #: A1-37

Field Name: Black

Producing Formation: Peru

Elevation: Ground: 840 Kelly Bushing: 840

Total Depth: 198 Plug Back Total Depth: 149

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: 178

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 Gerritt Date: 06/17/2011



1057503

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-37
 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</td> <td>+720</td> </tr> </table>	Name	Top	Datum	Peru	120	+720
Name	Top	Datum					
Peru	120	+720					

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	5	
Production	6.75	4.5	10	178	50/50 Poz	40	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 Perfs - 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
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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 <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 # 241293

Invoice Date: 05/13/2011 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-37
31928
NW 10-19-24 MI
05/10/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	10.4500	418.00
1118B	PREMIUM GEL / BENTONITE	68.00	.2000	13.60
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
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
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	165.00	.00	.00
503 TON MILEAGE DELIVERY	93.00	1.26	117.18

Parts: 632.73 Freight: .00 Tax: 47.77 AR 1952.68
 Labor: .00 Misc: .00 Total: 1952.68
 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

WORLD, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31928

LOCATION Ottawa KS

FOREMAN Fred 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
5/10/11	3244	Midway #AI-37	NW 10	19	24	Mi
CUSTOMER <u>Alavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 198 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 165' DRILL PIPE Baffle TUBING 145' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 2.3 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix & Pump 1/2 Gal ESA-41 & 1/2 Gal
NE-100 Polymer FLSU. Circulate from pit to condition hole.
Mix & Pump 40 SKS 50/50 Pol Mix Cement w/2% Gel 5% Salt
5# Kol Seal/sk. Cement to surface. Flush pump & lines clean
Displace 4 1/2" Rubber plug to Baffle in casing w/2.3 BB
Fresh water pressure to 700# PSI. Release pressure to
set float valve. Shut in casing.

Tows Drilling

Fred Mader

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	165'	Casing footage		N/C
5407A	93	Ten Miles		117. ¹⁸
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	40 SKS	50/50 Pol Mix Cement		418 ⁰⁰
118B	65 ⁰⁰	Premium Gel		13 ⁶⁰
1111	78 ⁰⁰	Granulated Salt		27 ³⁰
1110A	200 ⁰⁰	Kol Seal		88 ⁰⁰
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	NE-100 Polymer		23 ⁶³
<u>WD# 241293</u>				
			7.55%	SALES TAX
				ESTIMATED
				TOTAL
				1952 ⁶⁸

Revin 3737

AUTHORIZATION Dennis Fuller 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.