



KANSAS CORPORATION COMMISSION 1057487
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 #: _____
05/12/2011 05/13/2011 05/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28850-00-00
Spot Description: _____
N2 SW SE NW Sec. 10 Twp. 19 S. R. 24 East West
3290 Feet from North / South Line of Section
3630 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-34
Field Name: Black
Producing Formation: Peru
Elevation: Ground: 839 Kelly Bushing: 839
Total Depth: 178 Plug Back Total Depth: 144
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 173
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 Gortner Date: 06/17/2011



1057487

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-34
 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>108</td> <td>+731</td> </tr> </table>	Name	Top	Datum	Peru	108	+731
Name	Top	Datum					
Peru	108	+731					

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	44	Portland	6	
Production	6.75	4.5	10	173	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 (Amount and Kind of Material Used)	Depth
3	51 perms - 108-124 - 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> <input type="checkbox"/> Other (Specify) _____	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 # 241349

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-34
31936
NW 10-19-24 MI
05/13/2011
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
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)	50.00	4.00	200.00
495 CASING FOOTAGE	173.00	.00	.00
548 MIN. BULK DELIVERY	.50	330.00	165.00

Parts: 591.13 Freight: .00 Tax: 44.64 AR 2155.77
 Labor: .00 Misc: .00 Total: 2155.77
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, Ok
918/338-0808

EL DORADO, 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

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

TICKET NUMBER 31936
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-13-11	3244	Middaugh AI34 NW 10		19	24	Mi
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			516	Alan M	Safety	Moat
MAILING ADDRESS			495	Ca. sey K		
P. O. Box 128			370	Arten Mc		
CITY	STATE	ZIP CODE	548	Derek M	8 m	
Wellsville	KS	66092	CASING SIZE & WEIGHT		4 1/2	

JOB TYPE log string HOLE SIZE 6 3/4 HOLE DEPTH 178 CEMENT LEFT IN CASING yes
 CASING DEPTH 173 DRILL PIPE _____ TUBING _____ OTHER 1 1/4 6 1/2
 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. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into clean pit. Mixed & pumped 37 sk 50/50 p02 plus 5# Kel-seal, 5# salt, 2# gel. Circulated cement. Flushed pump. Pumped plug to dottle @ 144' well. held 800 PSI. Set float. Closed valve.

TDS Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				976.00
3401	1	PUMP CHARGE		200.00
5406	50	MILEAGE		
5402	173	casing footage		165.00
5407	1/2 min	ten miles		180.00
5502L	2	80 vac		
110A	185 #	Kel Seal		81.40
111	71 #	salt		24.85
111 8B	62 #	gel		12.40
1124	37 sk	50/50 p02		386.65
4404	1	1/2 plug		42.00
1143	1/2 gal	ESA 41		20.80
1401	1/2 gal	polymer		23.63
		WD # 241349		
			2.55	
			SALES TAX	44.64
			ESTIMATED	
			TOTAL	2155.77

Form 5737

Dyan Mader

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 for