



KANSAS CORPORATION COMMISSION 1057469
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 #: _____

05/09/2011 05/10/2011 05/10/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28848-00-00

Spot Description:
NW NE SE NW Sec. 10 Twp. 19 S. R. 24 East West
3770 Feet from North / South Line of Section
3150 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-32
Field Name: Black

Producing Formation: Peru
Elevation: Ground: 832 Kelly Bushing: 832
Total Depth: 178 Plug Back Total Depth: 145
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/ 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 Gerrico Date: 06/17/2011



1057469

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-32
 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>+722</td> </tr> </table>	Name	Top	Datum	Peru	110	+722
Name	Top	Datum					
Peru	110	+722					

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	3	
Production	6.75	4.5	10	173	50/50 Poz	40	

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	110-122 - 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) _____				
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

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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Middaugh Farm: Miami County

KS State: Well No. AI-32

Elevation 832

Commenced Spuding May 9 20 11

Finished Drilling May 10 20 11

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) 14 (Township) 24 (Range)

Distance from South line 3770 ft.

Distance from East line 3150 ft.

44' 8 5/8 surface pipe

2 hrs labor

3 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 173' 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. and 6 rows of data including measurements like 29, 28, 144.5, 172.9 and labels like Baffle, Total.

Thickness of Strata	Formation	Total Depth	Remarks
28	soil clay	28	
	Shale	89	
9	red bed	98	
8	Shale	106	
3	red bed	109	
3	sandy shale	112	ODOR
5	sand	117	75% Oil
5	sand	122	Solid Oil
1	sand	123	75% Oil
1	Lime	124	
2	sandy shale	126	
14	shale	140	
1	Lime	141	
22	shale	163	
4	Lime	167	
11	shale	178	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 # 241295

Invoice Date: 05/13/2011 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-32
31929
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 _____



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 31929
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/10/11	3244	Midway # I-32	NW 11	19	24	M1
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>506</u>	<u>Fred</u>	<u>Safety</u>	<u>Wdy</u>
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	<u>495</u>	<u>Casey</u>	<u>CIC</u>	<u>0</u>
			<u>320</u>	<u>Arden</u>	<u>AKM</u>	
			<u>583</u>	<u>Tim</u>	<u>TRW</u>	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>178'</u>	CASING SIZE & WEIGHT <u>4 1/2"</u>
CASING DEPTH <u>165'</u>	DRILL PIPE <u>Baffle</u>	TUBING <u>145'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>4 1/2 Plug</u>
DISPLACEMENT <u>2.3 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>

REMARKS: Establish circulation. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 polymer. Flush. Circulate from pit to condition hole. Mix + Pump 40 SKS 50/50 Por Mix Cement 2 1/2 Gal 5% Salt 5# Kol Seal per sack. Cement to surface. Flush pump + lines clean. Displace 4 1/2" rubber plug to Baffle in casing w/ 2.3 BBL Fresh water. Pressure to 500* PSI. Release Pressure to Set Float Valve.

TOWS Drilling Fred Maden

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		NIC
5402	165	Casing footage		NIC
5407A	93	Ton Miles		117 ¹⁵
5502	2 hrs	20 BBL Vac Truck		180 ⁰⁰
1124	40 sks	50/50 Por Mix Cement		418 ⁰⁰
1118B	68#	Premium Gel		13 ⁶⁰
1111	78#	Granulated Salt		273 ³⁰
1110A	200#	Kol Seal		88 ⁰⁰
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
1143	1/2 Gal	ESA 41		20 ³⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶⁵
		<u>WOT # 241295</u>		
			7.55%	SALES TAX
				ESTIMATED TOTAL
				47 ²⁷
				1952 ⁶⁸

Revin 3737

AUTHORIZATION Dennis 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.