



KANSAS CORPORATION COMMISSION 1060813
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: Coffeyville Resources

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 #: _____

04/13/2011	04/14/2011	04/14/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28879-00-00

Spot Description: _____

NE SE SE NW Sec. 10 Twp. 19 S. R. 24 East West

3270 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 #: A-46

Field Name: Black

Producing Formation: Peru

Elevation: Ground: 832 Kelly Bushing: 832

Total Depth: 178 Plug Back Total Depth: 151

Amount of Surface Pipe Set and Cemented at: 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 171

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 Garrisor Date: 08/08/2011



1060813

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: A-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-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>112</td> <td>+720</td> </tr> </table>	Name	Top	Datum	Peru	112	+720
Name	Top	Datum					
Peru	112	+720					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	43	Portland	4	NA
Production	6.75	4.5	10	171	50/50 Poz	40	See Ticket

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	112-127 - 48 Perfs - 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. 06/14/2011	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbbs. 2	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Middaugh Farm: Miami County

KS State; Well No. A46

Elevation _____

Commenced Spuding 4-13 20 11

Finished Drilling 4-14 20 11

Driller's Name Jeff Town

Driller's Name Stephen Scott

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

10 19 24

(Section) (Township) (Range)

Distance from S line, _____ ft.

Distance from E line, _____ ft.

4 Sacks

**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
8" Set 43' 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set 171' 4" Pulled _____
2" Set _____ 2" Pulled _____

15' to Baffle 178' TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
33	4				
31	2				
33	8				
32	7				
198	7	151	1		Baffle
19	9	171			Total
		178			TD

Thickness of Strata	Formation	Total Depth	Remarks
25	Soil/Clay	25	
65	Shale	90	
5	Red	95	
10	Shale/coal	105	
5	Red Red	110	
2	Shale	112	
2	Limey Sand	114	oil
13	Sand	127	Oil, Solid
4	Lime	131	White
35	Shale	166	
3	Lime	169	
9	Shale	178	TD



API CONSOLIDATED
Oil Well Services, LLC

API

15-121-28879-00-00

TICKET NUMBER 31814

LOCATION Ottawa

FOREMAN Alan 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
4-14-14	3244	Middaugh A-46	NW 10	19	24	Mi
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>516</u>	<u>Alan M</u>	<u>Safety Meeting</u>	
CITY <u>Wellsville</u>			<u>495</u>	<u>Casey K</u>	<u>CS</u>	
STATE <u>KS</u>			<u>505/106</u>	<u>Cecil P</u>	<u>CHP</u>	
ZIP CODE <u>66092</u>			<u>503</u>	<u>Derrick M</u>	<u>DM</u>	

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 178 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 171 DRILL PIPE _____ TUBING _____ OTHER baffle 15'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held crew meetings. Mixed + pumped 100# gel to flush hole. Circulated from pit. Mixed + pumped 40sk 50/50 po2 plus 5# Kol-seal 5# salt, 2# gel. Circulated cement. Flushed pump. pumped plug to casing baffle @ 15'. Well held 800 PSI. Set float. Closed valve.

TUS Drilling

Alan Mader

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	171'	casing footage		
5407	min	ton miles		330.00
5501C	2	transport		224.00
1110A	200#	Kol seal		88.00
1111	77#	salt		26.95
1118B	167#	gel		33.40
1124	40sk	50/50 po2		418.00
4404	1	1/2 plug		42.00
		WD# 240512		
			SALES TAX	45.92
			ESTIMATED TOTAL	2383.27

customer declined to sign

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.