



KANSAS CORPORATION COMMISSION 1060806
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 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 #: _____

03/14/2011	03/15/2011	3/15/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28844-00-00

Spot Description: _____

NW NW NE SW Sec. 10 Twp. 19 S. R. 24 East West
2520 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 #: A-39

Field Name: Black

Producing Formation: Peru

Elevation: Ground: 840 Kelly Bushing: 840

Total Depth: 219 Plug Back Total Depth: 165

Amount of Surface Pipe Set and Cemented at: 42 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 197

feet depth to: 0 w/ 47 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 Garrison Date: 08/08/2011



1060806

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: A-39
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Peru	130	+710
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

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	42	Portland	4	NA
Production	6.75	4.5	10	197	50/50 Poz	47	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	130-136 - 19 Perfs - 3.375" DP 23 Gr. T. ECG		
3	139-141 - 7 Perfs - 3.375" DP 23 Gr. T. ECG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 06/03/2011
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls. 2	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 checked="" 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. A39

Elevation _____
 Commenced Spuding 3-14 20 11
 Finished Drilling 3-15 20 11
 Driller's Name Jeff Town
 Driller's Name Steve 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 sack
2 hours surface

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set 42' 8" Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set 197' 4" Pulled _____
 2" Set _____ 2" Pulled _____
165' Baffle

CASING AND TUBING MEASUREMENTS

	Feet	In.	Feet	In.	Feet	In.
1	20	3				
2	32	5				
3	33	3				
4	32	7				
5	33	4				
6	33	-				
7	32	-				
8	36	5				
9	190	9				
	-	32				
	164	9				

Thickness of Strata	Formation	Total Depth	Remarks
25	Soil / Clay	25	
79	Shale	104	
6	Red Bed	110	Some Bleeding
8	Shale	118	
3	Red Bed	121	Some Bleeding
4	Shale	125	
2	Lime	127	
3	Shale	130	
	Sandy Lime	134	
2	Sand	136	Little Bleed
3	Lime	139	Good Bleed
2	Sand	141	
1	Lime	142	
32	Shale	174	
9	Lime	183	
6	Shale	189	
8	Lime	197	
7	Shale	204	
15	Lime	219	Foamy TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27388
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
3/15/11	3244	Middaugh # A-39	NW 10	19	24	Mi
CUSTOMER Alta Vista Energy						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville						
STATE KS						
ZIP CODE 66092						
TRUCK #	DRIVER	TRUCK #	DRIVER			
506	Fred	Safety	Mfg			
368	Ken	KH				
370	Arlen	MM				
593	Derek	DM				

JOB TYPE _____ HOLE SIZE _____ HOLE DEPTH 217 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 197' DRILL PIPE Baffle TUBING 165' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 2.62 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Circulate from pit to condition
Note. Mix + Pump 100# Premium Gel Flush. Mix + Pump sks
50/50 for mix Cement 2% Gel 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/ 2.62 BBL Fresh Water
pressure to 600# PSI. Release pressure to set float valve.
Shot 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 Trucks on lease		N/C
5402	197	Casing Footage		N/C
5407A	109.28	Ton Miles		137 ⁶⁷
5502C	1 1/2 hrs	80 BBL Vac Truck		135 ⁰⁰
1124	47 sks	50/50 for mix Cement		491 ²⁵
1118B	179 #	Premium Gel		35 ⁸⁰
111	91 #	Granulated salt		31 ²⁵
1110A	235 #	Kol Seal		103 ⁴⁰
4404	1	4 1/2" Rubber Plug.		42 ⁰⁰
		WD# 240.000		
			7.55%	SALES TAX 53 ¹⁶
				ESTIMATED TOTAL 2005 ⁰⁵

RAVIN 3737 AUTHORIZATION E. Boehm 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.