



KANSAS CORPORATION COMMISSION 1060720
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 # 8509
Name: Evans Energy Development, Inc.
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 #: _____
04/05/2011 04/08/2011 04/08/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28839-00-00
Spot Description: _____
SW SW NE NW Sec. 10 Twp. 19 S. R. 24 East West
4020 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-30
Field Name: Black
Producing Formation: Peru
Elevation: Ground: 833 Kelly Bushing: 833
Total Depth: 178 Plug Back Total Depth: 141
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: 162
feet depth to: 0 w/ 40 sx cnt.

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 Gantner Date: 08/03/2011



1060720

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: A-30
 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>107</td> <td>+726</td> </tr> </table>	Name	Top	Datum	Peru	107	+726
Name	Top	Datum					
Peru	107	+726					

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	50/50 Poz	42	See Ticket
Production	6.75	4.5	10	162	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 (Amount and Kind of Material Used)	Depth
3	107-119 - 38 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. 06/03/2011	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 Bbls. 2	Gas Mcf	Water Bbls.	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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Middleburgh Farm: Miami County

KS State; Well No. A 30

Elevation 633

Commenced Spuding 4-5 20 11

Finished Drilling 4-8 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 14 24

(Section) _____ (Township) _____ (Range) _____

Distance from S line, 4020 ft.

Distance from E line, 3650 ft.

4 hours
Consolidated

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set 43' 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set 161.4 4" Pulled _____

2" Set _____ 2" Pulled _____

141.5 Baffle 178 TD

CASING AND TUBING MEASUREMENTS

	Feet	In.	Feet	In.	Feet	In.
1	19	9				
2	19	8				
3	19	9				
4	26	5				
5	20	3				
6	20	4				
7	20	2				
8	20	9				
		<u>161</u>	<u>4</u>	Total		
		<u>19</u>	<u>9</u>			
		<u>141</u>	<u>5</u>	Baffle		

Thickness of Strata	Formation	Total Depth	Remarks
0-20	Soil clay	20	
10	Gravel	30	
54	Shale	80	
16	Red Bed	96	
5	Shale	101	
4	Red Bed	105	
3	Shale	108	
7	Sand	115	Some Lime
4	Sand	119	Odor, Bleed, Broken, 20%
5	Lime	124	Brown oil sand
33	Shale	157	No oil
7	Lime	164	
10	Shale	174	
4	Lime	178	TD



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31825
LOCATION Atchafalaya 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
4/5/11	3244	Middaugh # A-30	NW 10	19	29	M1
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 42 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' 4"
 DISPLACEMENT 2 1/2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 BPM

REMARKS: Wash down 8' 8 5/8" casing. Mix + Pump 43 SKS
50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal
per sack. Displace casing clean w/ 2 1/2 BBL Fresh
water. Shut in casing

TOWS Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement		775 ⁰⁰
5406	50 mi	MILEAGE		200 ⁰⁰
5402	42'	Casing footage		N/C
5407	1/2 Minimum	Ten Miles		165 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁰
1124	42 SKS	50/50 Poz Mix Cement		438 ⁹⁹
1118B	71#	Premium Gel		142 ⁰⁰
1111	81#	Granulated Salt		28 ³⁵
1110 A	210#	Kol Seal		924 ⁰⁰
<u>NO# 240348</u>				
			7.55%	SALES TAX
				ESTIMATED
				TOTAL
				43 ³³
				1982 ¹⁸

AUTHORIZATION [Signature] 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.



CONSOLIDATED
Oil Well Services, LLC

API # 15-121-28839-00.00

TICKET NUMBER 31832

LOCATION Ostawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/8/11	3244	Middaugh # A-30	NW 10	19	24	MI
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Alta Vista Energy			506	Fred	Safety	Wdy
MAILING ADDRESS			368	Ken	KN	
P.O. Box 128			369	Derek	DM	
CITY			548	Cecil	CM	
STATE						
Wellsville						
ZIP CODE						
66092						

JOB TYPE Long string HOLE SIZE 6 7/8 HOLE DEPTH 178 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 162' DRILL PIPE Baffle TUBING 142' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20' + Plug
 DISPLACEMENT 2.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush
 Mix & Pump 40 SKS 50/50 Per Mix Cement 2% Gel 5% Salt
 5# Kol Seal/sk. Cement to surface. Flush pump & lines clean.
 Displace 4 1/2" Rubber plug to casing TB w/ 2.25 BBL Fresh
 water. Pressure to 700# PSI. Release pressure to set
 float valve. Shut in casing

Tows Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 3	PUMP CHARGE		975.00
5406	0-	MILEAGE Truck on lease		N/C
5402	162	Casing footage		N/C
5407	1/4 Minimum	Ten Miles.		82.50
55020	2 hrs	50 BBL Vac. Truck		180.00
1124	40 SKS	50/50 Per Mix Cement		418.00
1118B	165#	Premium Gel		33.60
1117	75#	Granulated Salt		27.30
1110A	200#	Kol Seal		88.00
4404	1	4 1/2" Rubber Plug		42.00
		WD 240473		
			7.53%	SALES TAX
				45.97
				ESTIMATED TOTAL
				1892.37

Ravin 9737

AUTHORIZATION *[Signature]*

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.