



KANSAS CORPORATION COMMISSION 1060728
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 #:

03/23/2011 03/24/2011 03/24/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-121-28845-00-00
Spot Description:
SE SW SE NW Sec. 10 Twp. 19 S. R. 24 ☒ East ☐ West
2770 Feet from ☐ North / ☒ South Line of Section
3400 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-38
Field Name: Black
Producing Formation: Peru
Elevation: Ground: 837 Kelly Bushing: 837
Total Depth: 219 Plug Back Total Depth: 178
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: 210
feet depth to: 0 w/ 44 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 Garlick Date: 08/03/2011



1060728

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: A-38
 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%;"> <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>118</td> <td>+719</td> </tr> </table>	Name	Top	Datum	Peru	118	+719
Name	Top	Datum					
Peru	118	+719					

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	6	NA
Production	6.75	4.5	10	210	50/50 Poz	44	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	118-120 - 7 Perfs - 3.375 DP 23 Gr. T. ECG		
3	122-134 - 39 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
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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Miami County, KS Town Oilfield Service, Inc.
Well: Middaugh A38 (913) 837-8400
Lease Owner: Future Investment Properties, LLC

Commenced Spudding:
3/23/2011

Commenced Spudding:
3/23/2011

WELL LOG

[illegible]

6 SACKS

178. Batt. 219 TD

CONSOLIDATED
Oil Well Services, LLC

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

API# 15-121-28854-00-00

TICKET NUMBER 27327

LOCATION *Dyflawg*

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-24-11	3244	Middaugh A-38	NW 10	19	24	Mi
CUSTOMER Almaugh						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66092				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M	Safety	Moore
			368	Ken H		
			365	Harold B		
			503	Derek M		

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>219</u>	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH <u>210</u>	DRILL PIPE	TUBING	OTHER <u>6050 ft 178</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>1.8</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 60 min</u>

REMARKS: Held crew meeting. Established rate. Mixed
pumped top gel to flush hole. Circulated from
pit. Mixed & pumped 44 gal 3D (5D) prod, 5 #150 seal
5% salt 2% gel. Circulated cement. Flushed
pump. Pumped plug to baffle @ 178'. Well held 800 ft.
Set float. Closed valve.

705 Drilling

Alan Hodes

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	—	MILEAGE		—
5402	210'	Casing footage		—
5407A	112.53	ton mileage		141.79
5502C	1	80vac		90.00
1110A	220 #	Kol Seal		96.80
1111	85 #	salt		29.75
1118B	174 #	gel		34.80
1124	44 gk	50/50 pot		439.80
4404	1	4 g plug		42.00a
		WD # 240207		
			SALES TAX	50.07

Rayn 3737

SALES TAX	50.07
ESTIMATED TOTAL	1920.01

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.