



KANSAS CORPORATION COMMISSION 1065527
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: NA
Purchaser: _____

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 #: _____

09/20/2011	09/22/2011	09/22/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25713-00-00
Spot Description: _____
NW SW NE NE Sec. 19 Twp. 16 S. R. 21 East West
4455 Feet from North / South Line of Section
1155 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Brown Well #: AI-7
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 965 Kelly Bushing: 965
Total Depth: 758 Plug Back Total Depth: 692
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 724
feet depth to: 0 w/ 102 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 Gertson Date: 10/18/2011



1065527

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-7
 Sec. 19 Twp. 16 S. R. 21 East West County: Franklin

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 checked="" type="checkbox"/> Yes <input 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 Name Top Datum Squirrel 644 +321
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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	9.875	7	20	20	Portland	5	NA
Production	5.625	2.875	6	724	50/50 Poz	102	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	644-660 - 50 Perfs - 2" DML RTG		

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

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 Bbls. _____ 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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Franklin County, KS
Well: Brown AI-7
Lease Owner: Altavista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
9/20/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-11	Soil-Clay	11
11	Lime	22
11	Shale	33
9	Lime	42
3	Shale	45
13	Lime	58
2	Shale	60
2	Lime	62
42	Shale	104
23	Lime	127
72	Shale	199
22	Lime	221
26	Shale	247
9	Lime	253
7	Shale	279
1	Lime	288
17	Shale	295
22	Lime	296
12	Shale	313
19	Lime	335
5	Shale	347
3	Lime	366
2	Shale	371
7	Lime	374
47	Shale	376
7	Lime	383
54	Shale	430
5	Sand	437
46	Shale	491
8	Lime	496
11	Shale	542
6	Lime	550
15	Shale	561
6	Lime	567
13	Shale	582
4	Lime	588
22	Shale	601
2	Lime	605
8	Shale	627
5	Lime	629

Brown Farm: Franklin County

KS State: Well No. A-7

Elevation 965

Commenced Spuding Sept 20 20 11

Finished Drilling Sept 22 20 11

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

19 16 21

(Section) (Township) (Range)

Distance from S line 4455 ft.

Distance from E line 1155 ft.

3 sacs portland

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 5/8" Set 20 6 3/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.



Thickness of Strata	Formation	Total Depth	Remarks
0-11	Soil - clay	11	
11	Lime	22	
11	Shale	33	
9	Lime	42	
3	Shale	45	
13	Lime	58	
2	Shale	60	
2	Lime	62	
42	Shale	104	
23	Lime	127	
72	Shale	199	
22	Lime	221	
26	Shale	247	
6	Lime	253	
26	Shale	279	
9	Lime	288	
7	Shale	295	
1	Lime	296	
17	Shale	313	
22	Lime	335	
12	Shale	347	
19	Lime	366	
5	Shale	371	
3	Lime	374	
2	Shale	376	
7	Lime	383	
47	Shale	430	Hertha

-2-

-3-

(2)

430

Thickness of Strata	Formation	Total Depth	Remarks
7	Sandy Lime	437	
54	Shale	491	
5	sand	496	no oil
46	shale	542	
8	Lime	550	
11	Shale	561	
6	Lime	567	
15	shale	582	
6	Lime	588	
13	shale	601	
4	Lime	605	
22	Shale	627	
2	Lime	629	
8	shale	637	
5	Lime	642	
3	Shale	645	
2	Sand	647	no oil
1	Sand	648	solid oil
19	Core	667	
	Shale	758	TD

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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 # 244554

Invoice Date: 09/29/2011 Terms: 0/0/30,n/30 Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

BROWN AI-7
32828
NE 19 16 20 FR
09/22/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	171.00	.2000	34.20
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
1110A	KOL SEAL (50# BAG)	545.00	.4400	239.80
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
495 CASING FOOTAGE	724.00	.00	.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1480.68 Freight: .00 Tax: 115.49 AR 3186.17
 Labor: .00 Misc: .00 Total: 3186.17
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32828

LOCATION Ottawa

FOREMAN Alan Maden

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
9.22.11	3244	Brown A1-7	NE 19	16	20	FR
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>						
STATE <u>KS</u>		ZIP CODE <u>66092</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Alan</u>	<u>Safety</u>	<u>Meard</u>
			<u>495</u>	<u>Casey</u>	<u>CK</u>	
			<u>369</u>	<u>Heard</u>	<u>KWB</u>	
			<u>510</u>	<u>Gary</u>	<u>GM</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 724 DRILL PIPE _____ TUBING _____ OTHER 60% 693
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: held crew meeting. Mixed & pump. 1/2 gal ESA 41 & 1/2 gal poly man. Circulated into clean pit to condition hole. Mixed & pumped 102 sk 50150 #02 plus 1 gal Kolsal, 5% salt, 2 #s per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOB, Wes

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	724'	casing footage		---
5407	min	tax miles		330.00
5502C	2 1/2	80 gal		225.00
1124	102 sk	50150 #02		1065.90
1118B	171#	gel		34.20
111	197#	salt		68.95
1110A	545#	Kolsal		239.80
1143	1/2	ESA 41		20.20
1401	1/2	polyneo		23.63
4402	1	2 1/2 plug		28.00
				2455.4

SALES TAX 115.49
ESTIMATED TOTAL 3186.17

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.