



KANSAS CORPORATION COMMISSION 1065528
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 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 #: _____

<u>09/15/2011</u>	<u>09/20/2011</u>	<u>09/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25714-00-00

Spot Description: _____
SE SW NE NE Sec. 19 Twp. 16 S. R. 21 East West
4125 Feet from North / South Line of Section
825 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-8
Field Name: _____

Producing Formation: Squirrel
Elevation: Ground: 943 Kelly Bushing: 943
Total Depth: 738 Plug Back Total Depth: 682
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 714
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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input checked="" type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>10/18/2011</u>



1065528

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-8
 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 <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>Squirrel</td> <td>640</td> <td>+303</td> </tr> </table>	Name	Top	Datum	Squirrel	640	+303
Name	Top	Datum					
Squirrel	640	+303					

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	21	Portland	3	NA
Production	5.625	2.875	6	714	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	640-658 - 56 Perfs - 2" DML RTG		

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.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown AI-8
Lease Owner: Altavista

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

Commenced Spudding:
9/15/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil/Clay	10
6	Lime	16
6	Shale	22
14	Lime	36
4	Shale	40
16	Lime	56
41	Shale	97
25	Lime	122
69	Shale	191
22	Lime	213
25	Shale	238
6	Lime	244
27	Shale	271
9	Lime	280
25	Shale	305
23	Lime	328
7	Shale	335
23	Lime	358
3	Shale	361
13	Lime	374
47	Shale	421
6	Sand	427
58	Shale	485
10	Sand	495
40	Shale	535
5	Lime	540
30	Shale/Shells	570
2	Lime	572
4	Shale	576
4	Lime	580
32	Shale	612
1	Lime	613
8	Shale	621
2	Lime	623
7	Shale	630
5	Lime	635
5	Shale	640
19	Core	659
79	Shale	738-TD

Brown Farm: Franklin County
 KS State: Well No. AI-8

Elevation _____
 Commenced Spuding 9-15 20 11
 Finished Drilling 9-26 20 11
 Driller's Name Jeff Town
 Driller's Name Chad Weaver
 Driller's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS

(Section) (Township) (Range)

Distance from _____ line _____ ft.

Distance from _____ line _____ ft.

3 SACKS
 8784-8795

**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2 7/8" Set 7 1/4' 2" Pulled _____

682 B.H.P. 738TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

16

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil/Clay	10	
6	Lime	16	
6	Shale	22	
14	Lime	36	
4	Shale	40	
10	Lime	50	
41	Shale	91	
25	Lime	116	
22	Shale	138	
22	Lime	160	
25	Shale	185	
6	Lime	191	
27	Shale	218	
9	Lime	227	
25	Shale	252	
23	Lime	275	
7	Shale	282	
23	Lime	305	
3	Shale	308	
13	Lime	321	Herth a
47	Shale	368	
6	Sand	374	No oil
58	Shale	432	
10	Sand	442	No oil
40	Shale	482	
5	Lime	487	
30	Shale/Shells	517	

-2-

-3-

(17)

570

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	572	
4	Shale	576	
4	Lime	580	
32	Shale	612	
1	Lime	613	
8	Shale	621	
2	Lime	623	
7	Shale	630	
5	Lime	635	Good Bleed
5	Shale	640	
19	Core Shale	659	Perf. 642-657

4

5

18

core

640 - 659

Thickness of Strata	Formation	Total Depth	Remarks
24	Shale	24	
185	Sand	209	70% + oil sand
19	Sandy Shale	228	No oil

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19



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 # **244440**

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Invoice Date: 09/23/2011 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-8
32868
NE 19 16 21 FR
09/20/2011
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	172.00	.2000	34.40
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
1110A	KOL SEAL (50# BAG)	510.00	.4400	224.40
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
368 CASING FOOTAGE	715.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	.50	330.00	165.00

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Parts: 1465.48 Freight: .00 Tax: 114.30 AR 2979.78
Labor: .00 Misc: .00 Total: 2979.78
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32868

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/20/11	3244	Brown # AI-8	NE 19	16	21	FR
CUSTOMER			TRUCK #			
Alta Vista Energy			506	FREMAD	Safety	Wdy
MAILING ADDRESS			368	KENHAM	KA	
P.O. Box 128			370	ARLMO	ARM	
CITY	STATE	ZIP CODE	510	DERMAS	DM	
Wellsville	KS	66092				
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>735'</u>	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>			
CASING DEPTH <u>715'</u>	DRILL PIPE <u>Baffle</u>	TUBING @ <u>685'</u>	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>30' x Plug</u>			
DISPLACEMENT <u>4 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>			
REMARKS: Establish pump rate. Mix & Pump 1/2 Gal ESA-41 & 1/2 Gal HE-100 Polymer Flush. Circulate from pit to condition hole. Mix & Pump 102 sks 50/50 Pot Mix Cement 2% Gal 5% Salt 5 th Kol Seal/ 2% Cement to surface. Flush Pump & lines clean. Displace 2 1/2" Rubber Plug to casing TD w/ 4 BBL Fresh water. Pressure to 500 ⁺ PSI. Release pressure to set float valve. Shut in Casing.						
TOS Drilling (Jeff)			Fred Mader			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	20 mi	MILEAGE	368	80 ²⁵
5402	715'	Casing footage		N/C
5405	1/2 minimum	Ten Miles	510	165 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	102 sks	50/50 Pot Mix Cement		1065 ²⁰
1115B	172 ⁴	Premium Gel		344 ⁰
1111	192 ⁴	Granulated Salt		268 ²⁵
1110A	510 ⁴	Kol Seal		224 ⁴⁰
4402	1	2 1/2" Rubber Plug		26 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁴³
			7.5%	SALES TAX
				114 ³⁰
				ESTIMATED TOTAL
				2979 ²⁸

Rev'n 3737

AUTHORIZATION Wesley Dallard 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.