



KANSAS CORPORATION COMMISSION 1065526
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 #: _____

<u>09/02/2011</u>	<u>09/06/2011</u>	<u>09/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25704-00-00

Spot Description: _____
SE NW NE NE Sec. 19 Twp. 16 S. R. 21 East West
4785 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 #: A1-6

Field Name: _____
Producing Formation: Squirrel

Elevation: Ground: 965 Kelly Bushing: 965
Total Depth: 738 Plug Back Total Depth: 691
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: 722
feet depth to: 0 w/ 96 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 Gantier Date: 10/18/2011



1065526

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-6
 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 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: none;"> <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>652</td> <td>+313</td> </tr> </table>	Name	Top	Datum	Squirrel	652	+313
Name	Top	Datum					
Squirrel	652	+313					

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	3	NA
Production	5.625	2.875	6	722	50/50 Poz	96	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	652-667 - 47 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> _____			
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown AI-6
Lease Owner:Altavista

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

Commenced Spudding:
9/2/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil	10
17	Lime	27
7	Shale	34
12	Lime	46
4	Shale	50
16	Lime	66
43	Shale	109
22	Lime	131
72	Shale	203
19	Lime	222
30	Shale	252
5	Lime	257
25	Shale	282
7	Lime	289
27	Shale	316
22	Lime	338
11	Shale	349
22	Lime	371
4	Shale	375
12	Lime	387
46	Shale	433
7	Sand	440
64	Shale	504
6	Sand	510
40	Shale	550
1	Lime	551
54	Shale	605
2	Lime	607
37	Shale	644
4	Lime	648
3	Shale	651
1	Sand	652
1	Sand	653
20	Core	673
65	Shale	738-TD

Brown Farm: Franklin County

KS State; Well No. A-1-6

Elevation 965

Commenced Spuding 9-2 20 11

Finished Drilling 9-6 20 11

Driller's Name Jeff Town

Driller's Name Wes Dollard

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

19 16 21

(Section) 5 (Township) (Range) 4785

Distance from E line 825 ft.

3 SACKS
926-937

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7" Set 20-10' 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 691 to 695' 2" Pulled _____

722 Total

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Sand / Clay	10	
17	Lime	27	
7	Shale	34	
12	Lime	46	
4	Shale	50	
16	Lime	66	
43	Shale	109	
22	Lime	131	
72	Shale	203	
19	Lime	222	
30	Shale	252	
5	Lime	257	
25	Shale	282	
7	Lime	289	
27	Shale	316	
22	Lime	338	
11	Shale	349	
22	Lime	371	
4	Shale	375	
12	Lime	387	
44	Shale	431	
7	Sand	440	No oil
64	Shale	504	
6	Sand	510	No oil
40	Shale	550	
1	Lime	551	
54	Shale	605	

605

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	607	
37	Shale	644	
4	Lime	648	Brown, little oil
3	Shale	651	
1	Sand	652	Grey, No oil
1	Sand	653	Odor, 30% oil
20	Core	673	Perf. 652-666
65	Shale	738	TD



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 # 244178

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Invoice Date: 09/15/2011 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-6
32807
NE 19 16 20 FR
09/06/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	96.00	10.4500	1003.20
1118B	PREMIUM GEL / BENTONITE	161.00	.2000	32.20
1111	GRANULATED SALT (50 #)	185.00	.3500	64.75
1110A	KOL SEAL (50# BAG)	480.00	.4400	211.20
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
495 CASING FOOTAGE	722.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
548 MIN. BULK DELIVERY	.50	330.00	165.00

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Parts: 1383.18 Freight: .00 Tax: 107.88 AR 2915.06
Labor: .00 Misc: .00 Total: 2915.06
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 ELDORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 GILLETTE, WY 307/688-4914 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

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

TICKET NUMBER 32807
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-6-11	3244	Brown A.J.-6		NE 19	16	20	FR
CUSTOMER Alta Vista Energy				TRUCK #			
MAILING ADDRESS P.O. Box 128				DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 66092	516	Alan M	Safety	Mart
JOB TYPE <u>long string</u>				HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>738</u>	CASING SIZE & WEIGHT <u>2 7/8</u>	OTHER <u>baffle 698</u>
CASING DEPTH <u>722</u>				DRILL PIPE	TUBING	CEMENT LEFT IN CASING <u>yes</u>	
SLURRY WEIGHT				SLURRY VOL	WATER gal/sk	RATE <u>5 bpm</u>	
DISPLACEMENT				DISPLACEMENT PSI	MIX PSI	MIX RATE	

REMARKS: Held meeting. Established rate. Mixed & pumped 2 gal ESA 41 & 1/2 gal polymer. Circulated into clean pit for condition well. Mixed & pumped 96 sk 50/50 202 plus 5# Kolseal, 5# salt, 29 gal per sack. Circulated cement. Flushed pump. Pumped plug to casing TV. Well held 800 PSI. Set float closed valve.

TAS, Jeff

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	15	MILEAGE		975.00
5402	722	Casings footage		62.00
5407	10	ten miles		165.00
5501C	2	transport		224.00
1124	96 sk	50/50 202		1003.20
1183	161 #	gel		32.20
1111	185 #	salt		64.25
1110A	480 #	Kolseal		211.20
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
4402	1	2 1/2 plug		28.00
			SALES TAX	107.88
			ESTIMATED TOTAL	2915.06

244178

AUTHORIZATION *Wally D...*

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.