



KANSAS CORPORATION COMMISSION 1065513
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 #: _____
08/17/2011 08/19/2011 08/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25691-00-00
Spot Description: _____
SE NE NE NE Sec. 19 Twp. 16 S. R. 21 East West
4785 Feet from North / South Line of Section
165 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-2
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 966 Kelly Bushing: 966
Total Depth: 750 Plug Back Total Depth: 707
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 738
feet depth to: 0 w/ 105 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 Garrison Date: 10/18/2011



1065513

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-2
 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-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>646</td> <td>+320</td> </tr> </table>	Name	Top	Datum	Squirrel	646	+320
Name	Top	Datum					
Squirrel	646	+320					

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	22	Portland	3	NA
Production	5.625	2.875	6	738	50/50 Poz	105	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	646-658 - 38 Perfs - 2" DML RTG		

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.	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: _____ _____
---	--	--

Franklin County, KS
Well: Brown AI-2
Lease Owner: Altavista

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

Commenced Spudding:
8/17/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	Soil/Clay	13
27	Lime	40
5	Shale	45
17	Lime	62
20	Shale	82
2	Lime	84
16	Shale	100
24	Lime	134
72	Shale	196
21	Lime	217
10	Shale	227
1	Lime	228
15	Shale	243
6	Lime	249
27	Shale	276
6	Lime	282
28	Shale	310
22	Lime	332
7	Shale	339
25	Lime	364
4	Shale	368
12	Lime	380
44	Shale	424
10	Sand	434
59	Shale	493
7	Sand	500
35	Shale	535
8	Lime	543
92	Shale	635
3	Lime	638
6	Shale	644
1	Sand	645
11	Sand	656
6	Sand	662
78	Sandy Shale	740
3	Sand	743
10	Shale	753
3	Sand	756
2	Shale	758-TD

Thickness of Strata	Formation	Total Depth	Remarks
0-13	Soil / Clay	13	
27	Lime	40	
5	Shale	45	
17	Lime	62	
20	Shale	82	
2	Lime	84	
16	Shale	100	
24	Lime	124	
2	Shale	126	Shale
72	Shale Shale	196	
21	Lime	217	
10	Shale	227	
1	Lime	228	
15	Shale	243	
6	Lime	249	
27	Shale	276	
6	Lime	282	
28	Shale	310	
22	Lime	332	
7	Shale	339	
25	Lime	364	
4	Shale	368	
12	Lime	380	Herthg
44	Shale	424	
10	Sand	434	No Oil
59	Shale	493	
7	Sand	500	No Oil

16
17
18
19
20
Total
TOT
Remarks
illed by



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 # 243701

Invoice Date: 08/29/2011 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-2
32755
NE 19 16 22 FR
08/19/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	105.00	10.4500	1097.25
1118B	PREMIUM GEL / BENTONITE	276.00	.2000	55.20
1111	GRANULATED SALT (50 #)	203.00	.3500	71.05
1110A	KOL SEAL (50# BAG)	525.00	.4400	231.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
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)	15.00	4.00	60.00
368 CASING FOOTAGE	739.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1526.33 Freight: .00 Tax: 119.06 AR 3234.39
 Labor: .00 Misc: .00 Total: 3234.39
 Subt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLD, WY
307/347-4577

