



KANSAS CORPORATION COMMISSION 1065525
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>09/12/2011</u>	<u>09/14/2011</u>	<u>09/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25711-00-00
Spot Description: _____
SE SE NE NE Sec. 19 Twp. 16 S. R. 21 East West
4125 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-4
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 950 Kelly Bushing: 950
Total Depth: 738 Plug Back Total Depth: 686
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 717
feet depth to: 0 w/ 99 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: Deanne Garris Date: 10/18/2011



1065525

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-4
 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>638</td> <td>+312</td> </tr> </table>	Name	Top	Datum	Squirrel	638	+312
Name	Top	Datum					
Squirrel	638	+312					

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	23	Portland	3	NA
Production	5.625	2.875	6	717	50/50 Poz	99	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	638-648 - 31 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: _____ _____
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Franklin County, KS
Well: Brown AI-4
Lease Owner: Altavista

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

Commenced Spudding:
9/12/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
4	Lime	10
8	Shale	18
12	Lime	30
3	Shale	33
20	Lime	53
37	Shale	90
21	Lime	111
73	Shale	184
24	Lime	208
24	Shale	232
7	Lime	239
28	Shale	267
8	Lime	275
7	Shale	282
2	Lime	284
14	Shale	298
24	Lime	322
7	Shale	329
24	Lime	353
4	Shale	357
11	Lime	368
52	Shale	420
5	Sand	425
58	Shale	483
8	Sand	491
31	Shale	522
8	Lime	530
3	Shale	533
5	Lime	538
36	Shale	574
6	Lime	580
13	Shale	593
3	Lime	596
6	Shale	602
1	Lime	603
3	Shale	606
7	Lime	615
15	Shale	628
5	Lime	633

Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil-clay	6	
4	Lime	10	
8	shale	18	Some water
12	Lime	30	
3	Shale	33	
20	Lime	53	
37	Shale	90	
21	Lime	111	
73	Shale	184	
24	Lime	208	
24	Shale	232	
7	Lime	239	
28	Shale	267	
8	Lime	275	
7	Shale	282	
2	Lime	284	
14	Shale	298	
24	Lime	322	
7	Shale	329	
24	Lime	353	
4	shale	357	
11	Lime	368	Hertha
52	shale	420	
5	sand	425	
58	shale	483	
6	sand	491	
31	shale	522	



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 # 244281

Invoice Date: 09/19/2011 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-4
32818
NE 19 16 20 FR
09/14/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	99.00	10.4500	1034.55
1118B	PREMIUM GEL / BENTONITE	166.00	.2000	33.20
1111	GRANULATED SALT (50 #)	191.00	.3500	66.85
1110A	KOL SEAL (50# BAG)	495.00	.4400	217.80
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368 CASING FOOTAGE	717.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1424.23 Freight: .00 Tax: 111.08 AR 3124.31
 Labor: .00 Misc: .00 Total: 3124.31
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32818
LOCATION Ottawa
FOREMAN Alan Made

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
9-14-11	3244	Brown AI-4	NE 19	16	20	FR
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 738 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 717 DRILL PIPE _____ TUBING _____ OTHER baffle 685
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hold crew meet. Established rate. Mixed & pumped
1/2 gal FSA 41 + 1/2 gal polymer. Circulated into clean
pit. Mixed & pumped 99 sk 50/50 po2 plus 5#
Kal-seal 5% salt, 2% gel per sack. Circulated cement.
Flushed pump, pumped plug to baffle. Well held
800 PSI. Set float closed valve.

TOS, Jeff Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	10	MILEAGE		60.00
5402	717	casing footage		
5407	min	ten miles		330.00
5501C	2	transport		284.00
1124	99 sk	50/50 po2		1034.55
1118B	166 #	gc		33.20
1111	191 #	salt		66.85
1112A	495 #	Kal-seal		217.80
1143	1/2 gal	FSA 41		20.20
1401	1/2 gal	Polymer		23.83
4402	1	2 1/2 plug		28.00
				244281

SALES TAX 111.08
ESTIMATED TOTAL 3124.31

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.