



KANSAS CORPORATION COMMISSION 1065506
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: None

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>08/19/2011</u>	<u>08/23/2011</u>	<u>08/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25690-00-00

Spot Description: _____
NW NE NE NE Sec. 19 Twp. 16 S. R. 21 East West
5115 Feet from North / South Line of Section
495 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-1

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 973 Kelly Bushing: 973

Total Depth: 738 Plug Back Total Depth: 690

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: 722
feet depth to: 0 w/ 93 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 Carrico Date: 10/18/2011



1065506

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: AI-1
 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>652</td> <td>+321</td> </tr> </table>	Name	Top	Datum	Squirrel	652	+321
Name	Top	Datum					
Squirrel	652	+321					

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	5	NA
Production	5.625	2.875	6	722	50/50 Poz	93	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	652-664 - 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: _____ _____
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Thickness of Strata	Formation	Total Depth	Remarks
0-14	Soil / Clay	14	
20	Lime	34	
6	Shale	40	
33	Lime	73	
37	Shale	110	
24	Lime	134	
71	Shale	205	
21	Lime	226	
22	Shale	248	
2	Lime	250	
5	Shale	255	
3	Lime	258	
27	Shale	285	
7	Lime	292	
25	Shale	317	
21	Lime	338	
19	Shale	357	
14	Lime	371	
4	Shale	375	
3	Lime	378	
4	Shale	382	VC
6	Hertha	388	
43	Shale	431	
10	Sand	441	
57	Shale	498	No Oil, Grey
6	Sand	504	
38	Shale	542	No Oil, Grey



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 # 243714

Invoice Date: 08/29/2011 Terms: 0/0/30,n/30

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

BROWN AI 1
32784
SE 19 16 21 FR
08/23/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	93.00	10.4500	971.85
1118B	PREMIUM GEL / BENTONITE	157.00	.2000	31.40
1111	GRANULATED SALT (50 #)	180.00	.3500	63.00
1110A	KOL SEAL (50# BAG)	465.00	.4400	204.60
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)	20.00	4.00	80.00
368 CASING FOOTAGE	722.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1342.68 Freight: .00 Tax: 104.72 AR 3057.40
 Labor: .00 Misc: .00 Total: 3057.40
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32784
LOCATION Ottawa KS
FOREMAN Fred 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
8/23/11	3244	Brown # AI-1	SE 19	16	21	FR
CUSTOMER Altaulsta Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			506	FREMAD	Safety MK	
CITY Wellsville			368	KENHAM	KH	
STATE KS			369	HARBEK	HKB	
ZIP CODE 66092			503	TIMLEM	TL	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 722' DRILL PIPE Buttle in tubing @ 690' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug + 33'
DISPLACEMENT 4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer
Flush. Circulate from pit to condition hole. Mix & Pump 93 SKS
50/50 Por Mix Cement 270 Gal 5% Salt 5" Kol Seal/SK. Cement to
surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to
Buttle in casing w/ 4 BBL Fresh water. Pressure to 800 PSI.
Release pressure to set float valve, shut in casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20	MILEAGE		80 ⁰⁰
5402	722	Casing Footage		115
5407	Minimum	Ton Miles		330 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁰
1124	93 SKS	50/50 Por Mix Cement		971 ⁸³
1118B	157 [#]	Premium Gel		31 ⁴⁰
1111	180 [#]	Granulated Salt		63 ⁰⁰
1110A	465 [#]	Kol Seal		204 ⁶⁰
4402		2 1/2" Rubber		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁷⁰
1401	1/2 Gal	HE-100 Polymer		73 ⁶³
			7.5%	SALES TAX
				ESTIMATED
				TOTAL

SCANNED

#24 3714

Rev'n 3737

AUTHORIZATION Janis Holth 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.