



KANSAS CORPORATION COMMISSION 1069790
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 #: _____
08/23/2011 08/25/2011 08/25/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25689-00-00
Spot Description: _____
SW NE NE NE Sec. 19 Twp. 16 S. R. 21 East West
4785 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 #: A-2
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 973 Kelly Bushing: 973
Total Depth: 758 Plug Back Total Depth: 707
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 737
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: 30 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: 12/08/2011



1069790

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-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 Wireline 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 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>654</td> <td>+319</td> </tr> </table>	Name	Top	Datum	Squirrel	654	+319
Name	Top	Datum					
Squirrel	654	+319					

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	24	Portland	6	NA
Production	5.625	2.875	6	737	50/50 Poz	102	See Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	654-664 - 31 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. 10/26/2011	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. 2	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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PE TALLEY

DATE

LOG NO

Thickness of Strata	Formation	Total Depth	Remarks
0-11	Soil/Clay	11	
27	Lime	38	
10	Shale	44	
30	Lime	74	
32	Shale	106	
26	Lime	132	
70	Shale	202	
20	Lime	222	
28	Shale	250	
4	Lime	254	
27	Shale	281	
9	Lime	290	
25	Shale	315	
21	Lime	336	
19	Shale	355	
13	Lime	368	
4	Shale	372	
3	Lime	375	
2	Shale	377	
8	Hertha	385	
5	Shale	390	
10	Sandy Shale	400	No oil
34	Shale	434	
9	SAND	443	
51	Shale	494	
6	SAND	500	No oil
28	Shale	528	

Total

TOTALS:

Remarks:

Tallied 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 # 243840

Invoice Date: 08/31/2011 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 A-2
32759
NE 19 16 20 FR
08/25/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	171.00	.2000	34.20
1110A	KOL SEAL (50# BAG)	510.00	.4400	224.40
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
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	735.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1465.28 Freight: .00 Tax: 114.29 AR 3168.57
 Labor: .00 Misc: .00 Total: 3168.57
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, Ok 918/338-0808

ELDORADO, KS 318/322-7022

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

WORLDWIDE, WY 307/347-4577



CONSOLIDATED
OIL WELL SERVICES, LLC

TICKET NUMBER 32759
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-25-11	3244	Brown A-2	NE 19	16	20	JK
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			576	Alan M	Safety	Meat
CITY			495	Casey K	CK	
STATE			505/T106	Hardy D	TKD	
ZIP CODE			558	Cecil P	CHP	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 735 DRILL PIPE _____ TUBING _____ OTHER burp 205
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed + pumped 1/2 gal ESA 41 + 1/2 gal polymer. Circulated from clean pit. Mixed + pumped 102 SK 50/50 402 plus 1/2 gal seal 52 salt & 2 gal. Cycled cement. Flushed pump, pumped plug to bottom. Well held 800 PSI. 50' float. Closed valve.

705 Jeff Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	970.00
5406	15	MILEAGE	495	6000
5402	735	Cable footage	495	
5407	min	four miles	558	330.00
5501C	2	transport	T106	224.00
1124	102 SK	50/50 402		1065.90
118B	171#	gel		34.20
110A	510#	Kol-seal		224.40
111	197#	salt		68.95
11K3	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
4402	1	2 1/2 plug		2800
			7.8	SALES TAX
				ESTIMATED
				TOTAL

AUTHORIZATION [Signature] 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.