



KANSAS CORPORATION COMMISSION 1069811
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>10/04/2011</u>	<u>10/06/2011</u>	<u>10/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25748-00-00

Spot Description: _____
NE NW SE NE Sec. 19 Twp. 16 S. R. 21 East West
3795 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 #: A-9
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 944 Kelly Bushing: 944
Total Depth: 750 Plug Back Total Depth: 697
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 729
feet depth to: 0 w/ 91 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 Gerrits Date: 12/08/2011



1069811

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-9
 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 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 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>640</td> <td>+304</td> </tr> </table>	Name	Top	Datum	Squirrel	640	+304
Name	Top	Datum					
Squirrel	640	+304					

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	21	Portland	3	NA
Production	5.625	2.875	6	729	50/50 Poz	91	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	640-657 - 53 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. 10/26/2011			Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. 3	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 A-9
Lease Owner: Altavista

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

Commenced Spudding:
10/4/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil/Clay	4
4	Lime	8
7	Shale	15
12	Lime	27
4	Shale	31
18	Lime	49
33	Shale	82
1	Lime	83
4	Shale	87
29	Lime	116
66	Shale	182
22	Lime	204
26	Shale	230
6	Lime	236
16	Shale	252
8	Lime	260
4	Shale	264
9	Lime	273
6	Shale	279
2	Lime	281
16	Shale	297
23	Lime	320
8	Shale	328
23	Lime	351
4	Shale	355
5	Lime	360
2	Shale	362
5	Lime	367
47	Shale	414
9	Sand	423
55	Shale	478
21	Lime	499
15	Shale	514
10	Lime	524
3	Shale	527
7	Lime	534
7	Shale	541
7	Lime	548
26	Shale	574
8	Lime	582

Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil-clay	4	
4	Lime	8	
7	shale	15	
12	Lime	27	
4	shale	31	
18	Lime	49	
33	shale	82	
1	Lime	83	
4	shale	87	
29	Lime	116	
66	shale	182	
22	Lime	204	
26	shale	230	
6	Lime	236	
16	shale	252	
8	Lime	260	
4	shale	264	
9	Lime	273	
6	shale	279	
2	Lime	281	
16	shale	297	
23	Lime	320	
8	shale	328	
23	Lime	351	
4	shale	355	
5	Lime	360	
2	shale	362	

362

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	367	
47	Shale	414	Hertha
9	Sand	423	no oil
55	shale	478	
21	Lime	499	
15	shale	514	
10	Lime	524	
3	shale	527	
7	Lime	534	
7	shale	541	
7	Lime	548	
26	shale	574	
8	Lime	582	
9	shale	591	
4	Lime	595	
9	shale	604	
3	Lime	607	
4	shale	611	
2	Lime	613	
14	shale	627	
5	Lime	632	oil good bleed
4	shale	636	
2	Sand	638	no oil
19	CORE	657	
19	sandy shale	676	
74	shale	750	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 68720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # **244841**

Invoice Date: 10/17/2011 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 A-9
32895
NE 19 16 21 FR
10/06/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	91.00	10.4500	950.95
1118B	PREMIUM GEL / BENTONITE	153.00	.2000	30.60
1111	3 GRANULATED SALT (50 #)	176.00	.3500	61.60
1110A	KOL SEAL (50# BAG)	455.00	.4400	200.20
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	732.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1315.18 Freight: .00 Tax: 102.58 AR 2982.76
 Labor: .00 Misc: .00 Total: 2982.76
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32895

LOCATION Ottawa KS

FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/6/11	3244	Brown # A-9	NE 19	16	21	FR

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FRE MAD	S&S	WJ
368	APLMCD	ARM	
370	DER MAS	DM	
558	GARMOO	CM	

CUSTOMER	MILING ADDRESS	CITY	STATE	ZIP CODE
Altavista Energy	P.O. Box 128	Wellsville	KS	66092

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
longstr	578	750	2 3/8 E.V.E

CASING DEPTH	DRILL PIPE	TUBING	OTHER
732'	Baffle	701'	

SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			30' Plug

DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
4.07			48 BPM

REMARKS: Establish pump rad. Mix & Pump 1/2 Gal ESA-41 & 1/2 Gal HE-100
 Polymer flush. Circulate from pit to condition hole. Mix
 + Pump 91 sks 50/50 Poz Mix Cement 2 3/8 Gal 5% Salt 5"
 Kol Seal per cask. Cement to surface. Flush pump & lines
 clean. Displace 2 1/2 Rubber plug to Baffle in casing w/ 4.07
 BBL Fresh water. Pressure to 700 PSI. Release pressure
 to set float valve. Shot in casing.

TOS Drilling - (wss) Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	925 ⁰⁰
5406	20 mi	MILEAGE	368	60 ⁰⁰
5402	732	Casing Footage		N/C
5407	Minimum	Ten Miles	558	330 ⁰⁰
5520	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
7124	91 sks	50/50 Poz Mix Cement		950 ⁹⁵
1118B	153 #	Premium Gal		30 ⁶⁰
1111	176 #	Granulated Salt		101 ⁶⁰
1110A	455 #	Kol Seal		200 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
149	1/2 Gal	HE-100 Polymer		23 ⁶³
			7.8	SALES TAX
				ESTIMATED
				TOTAL
				102 ⁵⁸
				2962 ⁷⁶

244841

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.