



KANSAS CORPORATION COMMISSION 1069795
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>09/14/2011</u>	<u>09/16/2011</u>	<u>09/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25708-00-00

Spot Description: _____

SW SE NE NE Sec. 19 Twp. 16 S. R. 21 East West
4125 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-4

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 949 Kelly Bushing: 949

Total Depth: 758 Plug Back Total Depth: 700

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: 730

feet depth to: 0 w/ 103 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: Deanne Garris Date: 12/08/2011



1069795

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-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 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: none;"> <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>+309</td> </tr> </table>	Name	Top	Datum	Squirrel	640	+309
Name	Top	Datum					
Squirrel	640	+309					

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	730	50/50 Poz	103	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	640-656 - 50 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 <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. 2	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
 Well: Brown A-4
 Lease Owner: Altavista

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

Commenced Spudding:
 9/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
7	Lime	17
8	Shale	25
10	Lime	35
4	Shale	39
17	Lime	56
39	Shale	95
22	Lime	117
73	Shale	190
22	Lime	212
24	Shale	236
8	Lime	244
26	Shale	270
9	Lime	279
25	Shale	304
23	Lime	327
7	Shale	334
23	Lime	357
5	Shale	362
11	Lime	373
47	Shale	420
6	Limey Sand	426
56	Shale	482
8	Sand	490
42	Shale	532
6	Lime	538
39	Shale	577
6	Lime	583
12	Shale/Shells	595
5	Lime	600
31	Shale	631
6	Lime	637
3	Shale	640
1	Sand	641
18	Core	659
99	Shale	758-TD

BUCK

FROM _____

TO _____

TALLY CP: _____

THREAC _____

ON (R.R. OR TRUCK CO.) _____

NO. _____ FEET _____

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil - clay	10	
7	Lime	17	
8	Shale	25	
10	Lime	35	
4	Shale	39	
17	Lime	56	
39	Shale	95	
22	Lime	117	
73	Shale	190	
22	Lime	212	
24	Shale	236	
8	Lime	244	
26	Shale	270	
9	Lime	279	
25	Shale	304	
23	Lime	327	
7	Shale	334	
23	Lime	357	
5	Shale	362	
11	Lime	373	
47	Shale	420	Heatha
6	limy sand	426	no oil
56	Shale	482	
8	sand	490	no oil
42	Shale	532	
6	Lime	538	
39	Shale	577	

8



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 • 1-800/467-8876
FAX 620/431-0012

INVOICE

Invoice # 244430

Invoice Date: 09/23/2011 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-4
32863
SE 19 16 21 FR
09/16/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.4500	1076.35
1118B	PREMIUM GEL / BENTONITE	174.00	.2000	34.80
1111	GRANULATED SALT (50 #)	199.00	.3500	69.65
1110A	KOL SEAL (50# BAG)	515.00	.4400	226.60
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	731.00	.00	.00
505 MIN. BULK DELIVERY	1.00	330.00	330.00
558 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts: 1479.23 Freight: .00 Tax: 115.37 AR 3203.60
 Labor: .00 Misc: .00 Total: 3203.60
 Subt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32863

LOCATION Ottawa KS

FOREMAN Fred Mader

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
9/16/11	3244	Brown # A-4	SE 19	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	FREMAD	Safety Mtg	
CITY			368	KENHAM	ZH	
STATE			505/1106	ARLMCD	ARM	
ZIP CODE			558	GARMOD	GM	
Wellsville						
KS						
66092						

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>758'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>731</u>	DRILL PIPE <u>Baffle</u>	TUBING <u>7.00'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>31' + Plug</u>
DISPLACEMENT <u>4.07</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4BPM</u>

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE 100.
Polymer Flush. Circulate from pit to condition hole. Mix Pump
job - 2ks 50/50 Por Mix Cement 2 1/2 Gal 5% Salt 5" Hal Seal / sk.
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
Rubber plug to casing w/ 4.07 BBL Fresh water.
Pressure to # PSI. Release pressure to set float valve.
Skid in casing

705 Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20 mi	MILEAGE		80 ⁰⁰
5402	731	Casing footage		NK
5407	Minimum	Ten Miles		380 ⁰⁰
5501C	2 hrs	Transport		224 ⁰⁰
1124	103 sks	50/50 Por Mix Cement		1076 ⁰⁵
1118B	174 [#]	Premium Gel		134 ⁰⁰
1111	199 [#]	Granulated Salt		69 ⁶⁵
1110A	515 [#]	Hal Seal		226 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
		244430	2.8%	SALES TAX
				ESTIMATED TOTAL
				3203 ⁶⁰

Revin 3737

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.