



KANSAS CORPORATION COMMISSION 1069813
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>09/26/2011</u>	<u>09/28/2011</u>	<u>09/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25712-00-00
Spot Description: _____
NE SE NW NE Sec. 19 Twp. 16 S. R. 21 East West
4455 Feet from North / South Line of Section
1485 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-11
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 969 Kelly Bushing: 969
Total Depth: 758 Plug Back Total Depth: 712
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: 744
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 Gerrick Date: 12/08/2011



1069813

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-11
 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, lime 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>655</td> <td>+314</td> </tr> </table>	Name	Top	Datum	Squirrel	655	+314
Name	Top	Datum					
Squirrel	655	+314					

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	744	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	655-670 - 47 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. 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown A-11
Lease Owner: Altavista

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

Commenced Spudding:
9/26/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
1	Lime	13
5	Shale	18
14	Lime	32
8	Shale	40
10	Lime	50
4	Shale	54
16	Lime	70
42	Shale	112
25	Lime	137
70	Shale	207
22	Lime	229
26	Shale	255
6	Lime	261
25	Shale	286
10	Lime	296
7	Shale	303
1	Lime	304
17	Shale	321
23	Lime	344
11	Shale	355
19	Lime	374
5	Shale	379
3	Lime	382
3	Shale	385
6	Lime	391
49	Shale	440
4	Sandy Lime	444
57	Shale	501
7	Sand	508
43	Shale	551
9	Lime	560
11	Shale	571
5	Lime	576
8	Shale	588
9	Lime	597
12	Shale	609
3	Lime	612
10	Shale	622
5	Lime	627

Thickness of Strata	Formation	Total Depth	Remarks
0-12	Soil-clay	12	
1	Lime	13	
5	Shale	18	
14	Lime	32	
8	Shale	40	
10	Lime	50	
4	Shale	54	
16	Lime	70	
42	Shale	112	
25	Lime	137	
70	Shale	207	
22	Lime	229	
26	Shale	255	
6	Lime	261	
25	Shale	286	
10	Lime	296	
7	Shale	303	
1	Lime	304	
17	Shale	321	
23	Lime	344	
11	Shale	355	
19	Lime	374	
5	Shale	379	
3	Lime	382	
3	Shale	385	
6	Lime	391	Hertha
49	Shale	440	

440

Thickness of Strata	Formation	Total Depth	Remarks
4	sandy lime	444	NO oil
57	Shale	501	
7	sand	508	NO oil
43	shale	551	
9	Lime	560	
11	shale	571	
5	Lime	576	
8	Shale	588	
9	Lime	597	
12	Shale	609	
3	Lime	612	
10	Shale	622	
5	Lime	627	
5	shale	632	
3	Lime	635	
7	Shale	642	
1	Lime	643	NO Oil
6	Lime	649	some oil slight bleed
4	shale	653	
1	sand	654	no oil
1	sand	655	10% Oil perf
18	CORE	673	
20	sandy shale	693	
65	Shale	758	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
Chanule, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244711

Invoice Date: 09/30/2011 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-11
32882
SE 19 16 21 FR
09/30/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	172.00	.2000	34.40
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
1110A	KOL SEAL (50# BAG)	510.00	.4400	224.40
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
458 CEMENT PUMP	1.00	975.00	975.00
458 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
458 CASING FOOTAGE	743.00	.00	.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1465.48 Freight: .00 Tax: 114.30 AR 3144.78
 Labor: .00 Misc: .00 Total: 3144.78
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, Ok
918/338-0808

EL DORADO, KS
316/322-7022

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

WORLAND, WY
307/347-4577

SOLIDATED
Well Services, LLC

Chanute, KS 66720
10 or 800-467-8676

TICKET NUMBER 32882
LOCATION Ottawa KS
FOREMAN Fred Madu

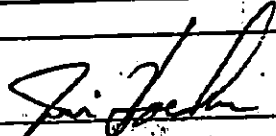
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/28/11	3244	Broun # A-11	SE 19	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	FREMAN	Safety	kg
CITY			458	CASREN	CK	
STATE			369	HARRES	HTD	
ZIP CODE			546	KEIDET	KO	
JOB TYPE			HOLE DEPTH		CASING SIZE & WEIGHT	
Casing Depth			758'		2 7/8" EUE	
Slurry Weight			TUBING		OTHER	
Displacement			7 1/2"		CEMENT LEFT IN CASING	
DISPLACEMENT PSI			WATER gal/sk		31 + Plug	
REMARKS:			MIX PSI		RATE	
Establish pump w/ 4.14 BBL			800 PSI		50 PPM	

REMARKS: Establish pump w/ 4.14 BBL Displacement PSI 800 PSI
 Polymer Flush. Circulate from pit to condition hole.
 Mix & Pump 102 sks 50/50 for mix cement 2 7/8" Gel
 5% Salt 5# Rol Seal/sk. Cement to surface. Flush
 pump & lines clean. Displace 2 1/2" Rubber plug to casing.
 75' w/ 4.14 BBLs Fresh water. Pressure to 800 PSI.
 Release pressure to set float valve. Shut in casing.

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	743	Casing footage		NIC
5407	Minimum	Ten Miles		230.00
5502C	2 hrs	80 BBL Vac Truck		160.00
1184	102 sks	50/50 for mix cement		1065.00
1118B	172'	Premium Gel		344.00
1111	197'	Granulated Salt		68.25
1110A	510'	Rol Seal		224.40
4402	1	2 1/2" Rubber Plug		26.00
1143	1/2 Gal	ESH-41		20.00
1401	1/2 Gal	HE-100 Polymer		23.15
				114.00
			7.8%	SALES TAX
				ESTIMATED TOTAL
				3144.78

Rev 3737

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