



KANSAS CORPORATION COMMISSION 1069787
 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>08/15/2011</u>	<u>08/17/2011</u>	<u>08/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25688-00-00
 Spot Description: _____
NE NE NE NE Sec. 19 Twp. 16 S. R. 21 East West
5115 Feet from North / South Line of Section
165 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-1
 Field Name: _____
 Producing Formation: Squirrel
 Elevation: Ground: 967 Kelly Bushing: 967
 Total Depth: 758 Plug Back Total Depth: 704
 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: 735
 feet depth to: 0 w/ 100 sx cnt.

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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>12/08/2011</u>



1069787

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-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 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>648</td> <td>+319</td> </tr> </table>	Name	Top	Datum	Squirrel	648	+319
Name	Top	Datum					
Squirrel	648	+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	21	Portland	3	NA
Production	5.625	2.875	6	735	50/50 Poz	100	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	648-668 - 62 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-1
Lease Owner: Altavista

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

Commenced Spudding:
8/15/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	Soil/Clay	13
15	Lime	28
6	Shale	34
32	Lime	66
18	Shale	84
6	Lime	90
14	Shale	104
27	Lime	131
68	Shale	199
21	Lime	220
25	Shale	245
5	Lime	250
32	Shale	282
6	Lime	288
25	Shale	313
20	Lime	333
7	Shale	340
25	Lime	366
4	Shale	370
14	Lime	384
43	Shale	427
11	Sand	438
58	Sandy Shale	496
7	Sand	503
35	Shale	538
2	Lime	540
40	Shale	580
5	Lime	585
15	Shale	600
6	Lime	606
11	Shale	617
2	Lime	619
19	Shale	638
4	Lime	642
4	Shale	646
19	Sand	665
15	Sandy Shale	680
62	Shale	742
4	Sand	746
8	Shale	754

Thickness of Strata	Formation	Total Depth	Remarks
0-13	Soil/Clay	13	
15	Lime	28	
6	Shale	34	
32	Lime	66	
18	Shale	84	
6	Lime	90	Some Red Bed
14	Shale	104	
27	Lime	131	
68	Shale	199	
21	Lime	220	
25	Shale	245	
5	Lime	250	
32	Shale	282	
4	Lime	286	
25	Shale	313	
20	Lime	333	
7	Shale	340	
25	Lime	366	
4	Shale	370	
14	Lime	384	
43	Shale	427	
11	Sand	438	
58	Sandy Shale	496	No oil
7	Sand	503	
35	Shale	538	Gray, No oil
2	Lime	540	
40	Shale	580	

580

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	585	
15	Shale	600	
6	Lime	606	
11	Shale	617	
2	Lime	619	
19	Shale	638	
4	Lime	642	Some oil, Little bleed
4	Shale	646	No oil, Grey
19	Sand	665	Cored at 647↓
15	Sandy Shale	680	No oil
62	Shale	742	TD
4	Sand	746	Grey
8	Shale	754	
4	Sand	758	Grey
1	Lime	759	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 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 243632

Invoice Date: 08/25/2011 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-1
32783
NE 19 16 21 FR
08/17/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	10.4500	1045.00
1118B	PREMIUM GEL / BENTONITE	168.00	.2000	33.60
1111	GRANULATED SALT (50 #)	194.00	.3500	67.90
1110A	KOL SEAL (50# BAG)	500.00	.4400	220.00
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495 CASING FOOTAGE	735.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00

Parts: 1438.33 Freight: .00 Tax: 112.19 AR 3103.52
 Labor: .00 Misc: .00 Total: 3103.52
 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 307/688-4914

OAKLEY, KS 785/672-2227

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

WORLAND, WY 307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32783

LOCATION Altavista 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
8/17/11	3244	Brown, A-1	NE 19	16	21	PR
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>506</u>	<u>FRE MAD</u>	<u>Safety</u>	<u>WJ</u>
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	<u>505/106</u>	<u>ARLMCD</u>	<u>ARLMCD</u>	<u>J</u>
			<u>503</u>	<u>DERMAS</u>	<u>DP1</u>	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 735 DRILL PIPE Bush TUBING @ 704' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug + 31'
 DISPLACEMENT 4.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation Mix + Pump @ 1/2 Gal. ESA - 41 + 1/2 Gal HE-100
Polymer Flush. Mix + Pump 100 SKS 50/50 Por Mix Cement 2 1/2 Gal
5% Salt 5# Kol Seal/sk Cement to surface. Flush pump & lines
clean. Displace 2 1/2" Rubber plug to Baffle w/ 4.1 BBL Fresh
water. Pressure to 750# PSI. Release Pressure to set float
Value. Shut in casing

TAS Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	20	MILEAGE	495	60 ⁰⁰
5402	735	Casing Footage		NK
5407	Minimum	Ton Miles	503	330 ⁰⁰
5501C	1 1/2 hrs	Transport	505/706	168 ⁰⁰
1124	100 SKS	50/50 Por Mix Cement		1045 ⁰⁰
1118B	168#	Premium Coal		33 ⁶⁰
1111	194#	Granulated Salt		67 ⁹⁰
1110A	500#	Kol Seal		220 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 ⁶⁵
			7.8%	SALES TAX
				ESTIMATED
				TOTAL

Handwritten signature/initials

Form 3737

AUTHORIZATION JH Thurn 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.