



KANSAS CORPORATION COMMISSION 1069803
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>09/22/2011</u>	<u>09/26/2011</u>	<u>09/26/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25709-00-00

Spot Description: _____
SW NW NE NE Sec. 19 Twp. 16 S. R. 21 East West
4785 Feet from North / South Line of Section
1155 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-6
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 966 Kelly Bushing: 966
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: 743
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: Deanna Cantor Date: 12/08/2011



1069803

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-6
 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 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>+312</td> </tr> </table>	Name	Top	Datum	Squirrel	654	+312
Name	Top	Datum					
Squirrel	654	+312					

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	743	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	654-670 - 50 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) _____				
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-6
Lease Owner: Altavista

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

Commenced Spudding:
9/22/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil-Clay	15
16	Lime	31
8	Shale	39
11	Lime	50
3	Shale	53
18	Lime	71
38	Shale	109
1	Lime	110
2	Shale	112
23	Lime	135
71	Shale	206
22	Lime	228
26	Shale	254
6	Lime	260
25	Shale	285
9	Lime	294
8	Shale	302
2	Lime	304
15	Shale	319
23	Lime	342
10	Shale	352
18	Lime	370
5	Shale	375
13	Lime	388
49	Shale	437
6	Sandy Lime	443
55	Shale	498
9	Sand	507
39	Shale	546
1	Lime	547
3	Shale	550
7	Lime	557
13	Shale	570
6	Lime	576
12	Shale	588
7	Lime	595
13	Shale	608
3	Lime	611
11	Shale	622
4	Lime	626

Brown Farm: Franklin County

JCS State; Well No. A-6

Elevation 966

Commenced Spuding Sept 22 2011

Finished Drilling Sept 26 2011

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Scott Stone

Tool Dresser's Name

Contractor's Name TOS

161. 16 21

(Section) (Township) (Range)

Distance from S line, 4785 ft.

Distance from E line, 1155 ft.

3 sacs portland

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 8 1/2" Set 22 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. and multiple empty rows for data entry.

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil-clay	15	
16	Lime	31	
8	Shale	39	
11	Lime	50	
3	Shale	53	
18	Lime	71	
38	Shale	109	
1	Lime	110	
2	Shale	112	
23	Lime	135	
71	Shale	206	
22	Lime	228	
26	Shale	254	
6	Lime	260	
25	Shale	285	
9	Lime	294	
8	Shale	302	
2	Lime	304	
15	Shale	319	
23	Lime	342	
10	Shale	352	
18	Lime	370	
5	Shale	375	
13	Lime	388	
49	Shale	437	Hertha
6	sandy lime	443	no oil
55	Shale	498	

498

Thickness of Strata	Formation	Total Depth	Remarks
9	Sand	507	No Oil
39	Shale	546	
1	Lime	547	
3	Shale	550	
7	Lime	557	
13	Shale	570	
6	Lime	576	
12	Shale	588	
7	Lime	595	
13	Shale	608	
3	Lime	611	
11	Shale	622	
4	Lime	626	
3	Shale	629	
7	Lime	636	
5	Shale	641	
1	Lime	642	
4	Shale	646	
4	Lime	650	Brown no Oil
3	Shale	653	
1	Sand	654	no oil
1	Sand	655	10% Oil perf?
18	Core	673	
17	sandy shale	690	
68	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
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244608

Invoice Date: 09/30/2011 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-6
32836
NE 19 16 20 FR
09/26/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.4500	1076.35
1118B	PREMIUM GEL / BENTONITE	173.00	.2000	34.60
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)	15.00	4.00	60.00
368 CASING FOOTAGE	743.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1479.03 Freight: .00 Tax: 115.36 AR 3184.39
 Labor: .00 Misc: .00 Total: 3184.39
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

