



KANSAS CORPORATION COMMISSION 1069793
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>08/29/2011</u>	<u>08/31/2011</u>	<u>08/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25700-00-00
Spot Description: _____
NE SE NE NE Sec. 19 Twp. 16 S. R. 21 East West
4455 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-3
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 960 Kelly Bushing: 960
Total Depth: 758 Plug Back Total Depth: 700
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: 731
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 Garcia Date: 12/08/2011



1069793

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-3
 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>642</td> <td>+318</td> </tr> </table>	Name	Top	Datum	Squirrel	642	+318
Name	Top	Datum					
Squirrel	642	+318					

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	731	50/50 Poz	102	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	642-656 - 44 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-3
 Lease Owner: Altavista

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

Commenced Spudding:
 8/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil	10
10	Lime	20
7	Shale	27
10	Lime	37
4	Shale	41
19	Lime	60
39	Shale	99
21	Lime	120
73	Shale	193
21	Lime	214
27	Shale	241
5	Lime	246
28	Shale	274
9	Lime	283
24	Shale	307
24	Lime	331
7	Shale	338
24	Lime	362
4	Shale	366
10	Lime	376
48	Shale	424
6	Sand	430
56	Shale	486
10	Sand	496
38	Shale	534
5	Lime	539
41	Shale	580
4	Lime	584
16	Shale	600
3	Lime	603
32	Shale	635
3	Lime	638
4	Shale	642
1	Sand	643
20	Core	663
95	Shale	758-TD

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil/Clay	10	
10	Lime	20	
7	Shale	27	
10	Limp	37	
4	Shale	41	
19	Lime	60	
39	Shale	99	
21	Lime	120	
73	Shale	193	
21	Limp	214	
27	Shale	241	
5	Lime	246	
28	Shale	274	
9	Lime	283	
24	Shale	307	
24	Lime	331	
7	Shale	338	
24	Limp	362	
4	Shale	366	
10	Lime	376	Mertha
48	Shale	424	
6	Sand	430	No oil
50	Shale	480	
10	Sand	490	No oil
30	Shale	520	
5	Limp	525	
41	Shale	566	

580

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	584	
16	Shale	600	
3	Lime	603	
32	Shale	635	
3	Lime	638	Brown
4	Shale	642	
1	Sand	643	
20	Core	663	Perf. 642-656
95	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 • 1-800/467-8876
FAX 620/431-0012

INVOICE

Invoice # 243949

Invoice Date: 08/31/2011 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 A3
32767
NE 19 16 20 FR
08/31/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	171.00	.2000	34.20
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
1110A	KOL SEAL (50# BAG)	510.00	.4400	224.40
1143	SILT SUSPENDER SS-630, ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

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	731.00	.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:	1465.28	Freight:	.00	Tax:	114.29	AR	3169.57
Labor:	.00	Misc:	.00	Total:	3169.57		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32767
LOCATION Off-usage
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-31-11	3274	Brown A3	N19	16	20	FK
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>516 Alan M. Safety Mead</u>			
CITY <u>Wellsville</u>			<u>368 Ken H KH</u>			
STATE <u>KS</u>			<u>368 Chris B CH</u>			
ZIP CODE <u>66092</u>			<u>348 Gary M CM</u>			

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 752 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 731 DRILL PIPE _____ TUBING _____ OTHER barble@70
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.661 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hold crew meeting. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into pit.
Mixed & pumped 102 sk 50150 p02 plus 5# Kalseal 500 salt, 2% gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800# PST, set float, closed valve.

705, left
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	731	casing footage		
5407	min	tax miles		330.00
5502C	2 1/2	80 gal		225.00
1124	102 SK	50150 p02		1065.90
118B	171 #	gal		34.20
1111	197 #	salt		68.95
1112A	510 #	Kalseal		224.40
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
4402	1	2 1/2 plug		28.00
			SALES TAX	114.29
			ESTIMATED TOTAL	3169.57

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.