



KANSAS CORPORATION COMMISSION 1069810
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: NA
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 #: _____
09/16/2011 09/20/2011 09/20/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25710-00-00
Spot Description: _____
SW SW NE NE Sec. 19 Twp. 16 S. R. 21 East West
4125 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-8
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 956 Kelly Bushing: 956
Total Depth: 758 Plug Back Total Depth: 700
Amount of Surface Pipe Set and Cemented at: 20 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/ 105 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



1069810

Operator Name: Altavista Energy, Inc. Lease Name: Brown Well #: A-8
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Squirrel	643	+313
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

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	20	Portland	3	NA
Production	5.625	2.875	6	731	50/50 Poz	105	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 (Amount and Kind of Material Used)	Depth
3	643-658 - 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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2				

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--

Franklin County, KS
Well: Brown A-8
Lease Owner: Altavista

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

Commenced Spudding:
9/16/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
6	Lime	15
8	Shale	23
11	Lime	34
4	Shale	38
17	Lime	55
41	Shale	96
23	Lime	119
72	Shale	191
22	Lime	213
26	Shale	239
6	Lime	245
27	Shale	272
9	Lime	281
24	Shale	305
23	Lime	328
7	Shale	335
25	Lime	360
4	Shale	364
11	Lime	375
47	Shale	422
6	Sandy Lijme	428
55	Shale	483
7	Sand	490
42	Shale	532
1	Lime	533
3	Shale	536
9	Lime	545
9	Shale	554
6	Lime	560
15	Shale	575
7	Lime	582
13	Shale	595
4	Lime	599
30	Shale/Shells	629
6	Lime	635
4	Shale	639
1	Sand	640
19	Core	659
99	Shale	758-TD

Thickness of Strata	Formation	Total Depth	Remarks
0-9	Soil - clay	9	
6	Lime	15	
8	Shale	23	
11	Lime	34	
4	Shale	38	
17	Lime	55	
41	Shale	96	
23	Lime	119	
72	Shale	191	
22	Lime	213	
26	Shale	239	
6	Lime	245	
27	Shale	272	
9	Lime	281	
24	Shale	305	
23	Lime	328	
7	Shale	335	
25	Lime	360	
4	Shale	364	
11	Lime	375	Hertha
47	Shale	422	
6	sandy Lime	428	no oil
55	Shale	483	
7	sand	490	no oil
42	Shale	532	
1	Lime	533	
3	Shale	536	

-2-

-3-

5

536

Thickness of Strata	Formation	Total Depth	Remarks
9	Lime	545	
9	Shale	554	
6	Lime	560	
15	Shale	575	
7	Lime	582	
13	Shale	595	
4	Lime	599	
30	Shale/shells	629	
6	Lime	635	Oil - good bleed
4	Shale	639	
1	Sand	640	no Oil light grey
19	CORE	659	
99	Shale	758	TD

6

CORE

A-8 BROWN

Thickness of Strata	Formation	Total Depth	Remarks
		640	
3	Sand	643	no oil
1.5	Sand	644.5	50% oil
13	Sand	657.5	solid oil
1.5	Sand	659	no oil



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 # 244442

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-8
32869
NE 19 16 21 FR
09/20/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	105.00	10.4500	1097.25
1118B	PREMIUM GEL / BENTONITE	177.00	.2000	35.40
1111	GRANULATED SALT (50 #)	203.00	.3500	71.05
1110A	KOL SEAL (50# BAG)	525.00	.4400	231.00
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
368 CASING FOOTAGE	733.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	.50	330.00	165.00

Parts: 1506.53 Freight: .00 Tax: 117.51 AR 2944.04
 Labor: .00 Misc: .00 Total: 2944.04
 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



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32869

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/20/11	3244	Brown # A-8	NE 19	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy			506	FREMAN	Safety	ML
MAILING ADDRESS			365	RENNAN	TH	J
P.O. Box 128			370	ARLMAN	BM	
CITY	STATE	ZIP CODE	510	DERMAS	DM	
Wellsville	KS	66092				

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 755 CASING SIZE & WEIGHT 2 1/2" EUC
 CASING DEPTH 733 DRILL PIPE Baffle TUBING 701 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30' + Plus
 DISPLACEMENT 4.26 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 BPM

REMARKS: Establish pump rate. Mix Pump 1/2 Gal ESA-41 + 1/2 Gal AE 100 Polymer
 Flush. Circulate from pit to condition hole. Mix Pump 105 sks
 50/50 for mix cement to get 5% salt 5% KOI Seal/sks. Cement
 to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
 plug to Baffle in casing w/ BBS Fresh water. Pressure
 to 400 PSI. Release pressure to set float valve. Shut in
 casing.

TOS Drilling (w/c)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	365	975 ⁰⁰
5406	-0-	MILEAGE Trucks on lease		N/C
5402	233	Casing Footage		N/C
5407	1/2 Minimum	Ton Miles	510	165 ⁰⁰
55025	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	105 sks	50/50 for Mix Cement		1092 ³⁵
115B	177 #	Premium Gel		35 ⁴⁰
111	203 #	Granulated Salt		71 ⁰⁵
1110A	525 #	KOI Seal		231 ¹⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	NE 100 Polymer		23 ⁶³
			718 ⁷⁰	

Handwritten signature/initials

SALES TAX 117⁴⁰
 ESTIMATED TOTAL 2944⁰⁴
 AUTHORIZATION Westly Dollard TITLE _____ DATE 2944.04

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.