



KANSAS CORPORATION COMMISSION 1077851
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 #: _____
02/18/2012 02/19/2012 02/19/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23798-00-00
Spot Description: _____
NE SW NE SE Sec. 15 Twp. 14 S. R. 22 East West
1910 Feet from North / South Line of Section
825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: McCann B Well #: A-7
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1024 Kelly Bushing: 1024
Total Depth: 910 Plug Back Total Depth: 862
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: 897
feet depth to: 0 w/ 121 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 Garrisor Date: 04/25/2012



1077851

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: A-7
 Sec. 15 Twp. 14 S. R. 22 East West County: Johnson

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 type="checkbox"/> Yes <input checked="" 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>Bartlesville</td> <td>841</td> <td>+183</td> </tr> </table>	Name	Top	Datum	Bartlesville	841	+183
Name	Top	Datum					
Bartlesville	841	+183					

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	897	50/50 Poz	121	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	841-850 - 28 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. <u>04/24/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B A-7
Lease Owner: Alta Vista

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

Commenced Spudding:
2/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
12	Soil/Clay	12
6	Lime	18
7	Shale	25
16	Lime	41
7	Shale	48
8	Lime	56
9	Shale	65
17	Lime	82
18	Shale	100
75	Lime	175
30	Shale	205
8	Lime	213
17	Shale	230
11	Lime	241
2	Shale	243
9	Lime	252
45	Shale	297
27	Lime	324
6	Shale	330
24	Lime	354
4	Shale	358
5	Lime	363
4	Shale	367
15	Lime	373
15	Shale	429
49	Sandy Shale	468
4	Shale	483
3	Sand	498
3	Shale	547
8	Lime	551
6	Shale	554
16	Lime	557
3	Shale	565
8	Lime	571
12	Shale	587
25	Lime	590
3	Shale	598
80	Lime	610
6	Shale	635
10	Sandy Shale	638

McLennan Farm: Johnson County

KS State: Well No. A-7

Elevation 1024

Commenced Spuding 2-18 2012

Finished Drilling 2-20 2012

Driller's Name Obed Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Mike Meyers

Tool Dresser's Name

Contractor's Name TOS

15 14 22

(Section) (Township) (Range)

Distance from S line, 1910 ft.

Distance from E line, 825 ft.

9374 - 9383 9 hrs

3 sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set 22' 8" Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2 7/8" Set 897' 40" 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
12	cal clay	12	
6	Lime	18	
7	shale	25	
16	Lime	41	
7	shale	48	
8	Lime	56	
9	shale	65	
17	Lime	82	
18	shale	100	
75	Lime	175	
30	shale	205	
8	Lime	213	
17	shale	230	
11	Lime	241	
2	shale	243	
9	Lime	252	
45	shale	297	
27	Lime	324	
6	shale	330	
24	Lime	354	
4	shale	358	
5	Lime	363	
4	shale	367	
6	Lime	373	
56	shale	429	
39	bandy shale	468	
15	shale	483	

483

Thickness of Strata	Formation	Total Depth	Remarks
15	sand	498	
49	shale	547	grey, no oil
4	Lime	551	
3	shale	554	
3	Lime	557	
8	shale	565	
6	Lime	571	
16	shale	587	
3	Lime	590	
8	shale	598	
12	Lime	610	
25	shale	635	red bed
3	Lime	638	
80	shale	718	
6	sand	724	oily, 20% - 30% oil
10	sandy shale	734	
12	shale	746	
3	Lime	749	
91	shale	840	
1	sandy shale	841	50% , ody, slight bleed
2	sand	843	solid
1	sandy lime	844	75%
4	sandy lime	848	5% - 10%
3	sandy shale	851	no oil
61	shale	910	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 # 247965

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Invoice Date: 02/24/2012 Terms: 0/0/30,n/30 Page 1
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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

MC CAM B A-7
36489
SE 15 14 22 JO
2/20/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	304.00	.2100	63.84
1111	SODIUM CHLORIDE (GRANULA	234.00	.3700	86.58
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	893.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

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Parts: 1825.50 Freight: .00 Tax: 137.37 AR 3347.87
Labor: .00 Misc: .00 Total: 3347.87
Sublt: .00 Supplies: .00 Change: .00
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Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36489

LOCATION Ottawa 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
2/20/12	3244	McCann 'B' # A-7	SE 15	14	22	JO
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>#595 Hiway 33</u>			506	FREMAO	Safety	Wesley
CITY <u>Wellsville</u>			495	NARBEC	H/B	✓
STATE <u>KS</u>			368	DERMAS	DM	
ZIP CODE <u>66092</u>			548	KRICAR	KC	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 910 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 893 DRILL PIPE Battered TUBING @ 6.62 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump Rods. Mix & Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100
 Polymer and 100# Premium Gel Flush. Mix & Pump 121 sks
 50/50 Por Mix Cement 270 Gal 5% Salt 5# Kol Seal/sk. Cement
 to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
 plug to baffle in casing. Pressure to 800# PSI. Release
 pressure to set float valve. Shut in casing.

ToS Drilling (Chad)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	-	MILEAGE		Nil
5402	893	Casing Footage		Nil
5407	1/2 Minimum	Ton Miles	548	175.00
55020	2 hrs	80 BBL Vac Truck	368	180.00
1124	121 sks	50/50 Por Mix Cement		1324.75
1118B	304#	Premium Gel		63.84
1111	234#	Granulated Salt		86.58
1107A	605#	Kol Seal		278.30
4402	1	2 1/2" Rubber plug		26.00
1143	1/2 Gal	ESA-41		20.20
1401	1/2 Gal	HE-100 Polymer		23.63
<u>247965</u>				

Ravin 9737 AUTHORIZATION Geri Hahn TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 137.37
3347.87

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.