



KANSAS CORPORATION COMMISSION 1077862
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 #: _____
03/06/2012 03/07/2012 03/07/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23800-00-00

Spot Description: _____
SW SE NW SE Sec. 15 Twp. 14 S. R. 22 East West
1575 Feet from North / South Line of Section
1700 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-9
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1000 Kelly Bushing: 1000
Total Depth: 900 Plug Back Total Depth: 845
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: 876
feet depth to: 0 w/ 130 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



1077862

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: A-9
 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>816</td> <td>+184</td> </tr> </table>	Name	Top	Datum	Bartlesville	816	+184
Name	Top	Datum					
Bartlesville	816	+184					

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	876	50/50 Poz	130	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	816.0-832.5 - 50 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-9
Lease Owner: Alta Vista

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

Commenced Spudding:
3/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil-Clay	4
11	Lime	15
8	Shale	23
9	Lime	32
9	Shale	41
16	Lime	57
20	Shale	77
75	Lime	152
31	Shale	183
8	Lime	191
20	Shale	211
6	Lime	217
4	Shale	221
9	Lime	230
33	Shale	263
1	Lime	264
11	Shale	275
26	Lime	301
5	Shale	306
25	Lime	331
3	Shale	334
5	Lime	339
5	Shale	344
7	Lime	351
56	Shale	407
36	Sand	443
20	Shale	463
25	Sand	488
45	Shale	533
2	Lime	535
6	Shale	541
5	Lime	546
18	Shale	564
3	Lime	567
8	Shale	575
13	Lime	587
26	Shale	613
1	Lime	614
75	Shale	689
15	Sand	704

Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil-clay	4	
11	Lime	15	
8	shale	23	
9	Lime	32	
9	shale	41	
16	Lime	57	
20	shale	77	
75	Lime	152	
31	shale	183	
8	Lime	191	
20	shale	211	
6	Lime	217	
4	shale	221	
9	Lime	230	
33	shale	263	
1	Lime	264	
11	shale	275	
26	Lime	301	
5	shale	306	
25	Lime	331	
3	shale	334	
5	Lime	339	
5	shale	344	
7	Lime	351	
56	shale	407	
36	sand	443	no oil
20	shale	463	

463

Thickness of Strata	Formation	Total Depth	Remarks
25	sand	488	
45	shale	533	
2	lime	535	
6	shale	541	
5	lime	546	
18	shale	564	
3	lime	567	
8	shale	575	
13	lime	587	
26	shale	613	
1	lime	614	
75	shale	689	
15	sand	704	good odor poor bleed
20	shale	724	
3	lime	727	
88	shale	815	
1	lime	816	
8	sand	824	solid oil
3	limy sand	827	50% oil
6	sand	833	20% oil
4	sandy shale	837	no oil
63	shale	900	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 # 248395

Invoice Date: 03/16/2012 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

MCCANN B A-9
34240
SE 15 14 22 JO
3/7/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	418.00	.2100	87.78
1111	SODIUM CHLORIDE (GRANULA	251.00	.3700	92.87
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	1.00	47.2500	47.25

Description	Hours	Unit Price	Total
370 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	875.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1978.40 Freight: .00 Tax: 148.89 AR 3687.29
Labor: .00 Misc: .00 Total: 3687.29
Sublt: .00 Supplies: .00 Change: .00

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

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 34240

LOCATION Ottawa KS

FOREMAN Fred Madar

DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/7/12	3244	McCain "B" # A-9	SE 15	14	22	JO
CUSTOMER						
Alta Vista Energy						
MAILING ADDRESS						
4595 38 Highway						
CITY		STATE	ZIP CODE			
Wellsville		KS	66092			
TRUCK#						
DRIVER						
TRUCK#						
DRIVER						
506						
FREMAD						
Sa Festy						
495						
HARBEC						
HAB						
370						
REICAR						
JLC						
510						
ASAMIC						
AM						

JOB TYPE Logstring HOLE SIZE 3 7/8 HOLE DEPTH 890' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 875' DRILL PIPE Baffle in TUBING @ 8.75 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug + 30'
 DISPLACEMENT 4913B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal H.E. 100 Polymer Flush.
 Mix + Pump 200 # Premium Gel Flush. Mix + Pump 130 SKS
 50/50 Por Mix Cement 2% Gel 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 Madar

ACCOUNT CODE	QUANTITY or UNITS-	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	1	MILEAGE		N/C
5402	875	Casing Footage		N/C
5407	Minimum	Ten Miles		350.00
5502C	2 hrs	80 BBL Vac Truck		180.00
1124	130 SKS	50/50 Por Mix Cement		1425.50
1118B	415 #	Premium Gel		872.50
1118	251 #	Granulated Salt		925.00
1110A	1650 #	Kol Seal		279.00
4402	1	2 1/2" Rubber Plug		25.00
1401	1 Gal	H.E. 100 Polymer		472.50
248395				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				3687.29

Rev'n 8737

AUTHORIZATION: Jim Hoehn by Phone 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.