



KANSAS CORPORATION COMMISSION 1079948
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 #: _____
03/29/2012 04/02/2012 04/02/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23740-00-00

Spot Description: _____
SE NW SE NE Sec. 19 Twp. 14 S. R. 22 East West
3555 Feet from North / South Line of Section
865 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson
Lease Name: Guetterman Well #: AI-6
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1013 Kelly Bushing: 1013
Total Depth: 920 Plug Back Total Depth: 886
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: 916
feet depth to: 0 w/ 143 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 Garrison Date: 04/30/2012



1079948

Operator Name: Altavista Energy, Inc. Lease Name: Guetterman Well #: AI-6
 Sec. 19 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>850</td> <td>+163</td> </tr> </table>	Name	Top	Datum	Bartlesville	850	+163
Name	Top	Datum					
Bartlesville	850	+163					

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	916	50/50 Poz	143	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	850-860 - 31 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. _____		Producing Method: <input type="checkbox"/> Flowing <input 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

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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Johnson County, KS
Well: Guetterman AI-6
Lease Owner: Alta Vista

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

Commenced Spudding:
3/29/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-14	Soil-Clay	14
5	Shale	19
5	Lime	24
14	Shale	38
12	Lime	50
4	Shale	54
16	Lime	70
9	Shale	79
8	Lime	87
5	Shale	92
1	Lime	93
4	Shale	97
18	Lime	115
18	Shale	133
19	Lime	152
5	Shale	157
50	Lime	207
22	Shale	229
9	Lime	238
15	Shale	253
9	Lime	262
7	Shale	269
18	Lime	287
34	Shale	321
25	Lime	346
7	Shale	353
23	Lime	376
4	Shale	380
4	Lime	384
3	Shale	387
7	Lime	394
104	Shale	498
22	Sandy Shale	520
25	Shale	545
3	Lime	548
18	Shale	566
5	Lime	571
15	Shale	586
3	Lime	589
19	Shale	608

Guethman Farm: Johnson County

KS State: Well No. AI-6

Elevation 1013

Commenced Spuding Mar 29 2017

Finished Drilling April 2 2017

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

19 14 22

(Section) 5 (Township) _____ (Range) _____
 Distance from _____ line, 3555 ft.

Distance from E line, 865 ft.

19 hrs

3 sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
~~6"~~ 7" Set 22 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
<u>886</u>		<u>Baffle</u>		<u>2</u>	<u>7/8</u>
<u>916</u>		<u>float</u>			

Thickness of Strata	Formation	Total Depth	Remarks
0-14	Soil-clay	14	
5	Shale	19	
5	Lime	24	
14	Shale	38	
12	Lime	50	
4	Shale	54	
16	Lime	70	
9	Shale	79	
8	Lime	87	
5	shale	92	
1	Lime	93	
4	Shale	97	
18	Lime	115	
18	Shale	133	
19	Lime	152	
5	shale	157	
50	Lime	207	
22	Shale	229	
9	Lime	238	
15	Shale	253	
9	Lime	262	
7	Shale	269	
18	Lime	287	
34	Shale	321	
25	Lime	346	
7	Shale	353	
23	Lime	376	

376

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	380	
4	lime	384	
3	shale	387	
7	lime	394	
104	shale	498	
22	sandy shale	520	
25	shale	545	
3	lime	548	
18	shale	566	
5	lime	571	
15	shale	586	
3	lime	589	
19	shale	608	
4	lime	612	
5	shale	617	
4	lime	621	
105	shale	726	
10	sand	736	no show
10	sandy shale	746	
11	shale	757	
3	lime	760	
90	shale	850	
2	lime	852	no oil
2	lime & sand	854	oil in sand
4	sand	858	solid oil
1	sand	859	5% oil
10	sandy shale	869	no oil
51	shale	920	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 # 248813

Invoice Date: 04/05/2012 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

GUETTERMAN AI-6
36564
NE 19 14 22 JO
4/2/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	143.00	10.9500	1565.85
1118B	PREMIUM GEL / BENTONITE	340.00	.2100	71.40
1111	SODIUM CHLORIDE (GRANULA	277.00	.3700	102.49
1110A	KOL SEAL (50# BAG)	715.00	.4600	328.90
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
369 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	915.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 2143.89 Freight: .00 Tax: 161.33 AR 4075.22
Labor: .00 Misc: .00 Total: 4075.22
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 36564
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/2/12	3244	Guetterman #A1-6	NE 19	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #		DRIVER	
MAILING ADDRESS 4595 Niway 33			506		FREMAD	
CITY Wellsville			395		HARBEC	
STATE KS			369		DERMA	
ZIP CODE 66092			503		DANBAR	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 915 DRILL PIPE Baffle tubing @ 886 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 29'
DISPLACEMENT 5.15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Wash down 8 JTs 2 7/8" casing. Mix + Pump 1 Gal HE-100 Polymer
Flush. Circulate hole to condition. Mix Pump 100'
Premium Gel. Mix + Pump 143 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. Shift in casing.

TOS Drilling - (wes)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	915	Casing Footage		N/C
5407	Minimum	Ton Miles.	503	350 ⁰⁰
5502C	3 hrs	80 BBL Vac Truck	369	270 ⁰⁰
1184	143 sks	50/50 Por Mix Cement		1565 ⁸⁰
118B	340#	Premium Gel		71 ⁴⁰
1111	277#	Granulated Salt		102 ⁴⁹
110A	715#	Kol Seal		328 ⁹⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1401	1 Gal	HE-100 Polymer		47 ²⁵
<u>248813</u>				
			7.525 ⁷²	SALES TAX
				ESTIMATED TOTAL
				161 ³³
				4075 ²²

Ravin 9797

AUTHORIZATION _____ 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.