



KANSAS CORPORATION COMMISSION 1079944  
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 #: \_\_\_\_\_  
03/15/2012    03/16/2012    03/16/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-091-23504-00-00  
Spot Description: \_\_\_\_\_  
NE SE SE NE Sec. 19 Twp. 14 S. R. 22  East  West  
3140 Feet from  North /  South Line of Section  
15 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-3  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 1032 Kelly Bushing: 1032  
Total Depth: 959 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 25 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 946  
feet depth to: 0 w/ 123 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 Garriso Date: 04/30/2012



1079944

Operator Name: Altavista Energy, Inc. Lease Name: Guetterman Well #: AI-3  
 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>876</td> <td>+156</td> </tr> </table>	Name	Top	Datum	Bartlesville	876	+156
Name	Top	Datum					
Bartlesville	876	+156					

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	25	Portland	3	NA
Production	5.625	2.875	6	946	50/50 Poz	123	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	876-886 - 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-3  
Lease Owner: Alta Vista

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

Commenced Spudding:  
3/15/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
12	Soil-Clay	12
8	Sand Stone	20
37	Shale	57
3	Lime	60
4	Shale	64
4	Lime	68
3	Shale	71
5	Lime	76
5	Shale	81
16	Lime	97
10	Shale	107
7	Lime	114
9	Shale	123
20	Lime	143
14	Shale	157
19	Lime	176
8	Shale	184
49	Lime	233
24	Shale	257
10	Lime	267
14	Shale	281
7	Lime	288
6	Shale	294
11	Lime	305
3	Shale	308
4	Lime	312
36	Shale	348
25	Lime	373
6	Shale	379
21	Lime	402
4	Shale	406
14	Lime	420
153	Shale	573
7	Sand	580
13	Shale	593
4	Lime	597
13	Shale	610
7	Lime	617
15	Shale	632
3	Lime	635





Thickness of Strata	Formation	Total Depth	Remarks
12	soil/clay	12	
8	sand stone	20	
37	shale	57	
3	Lime	60	
4	shale	64	
4	Lime	68	
3	shale	71	
5	Lime	76	
5	shale	81	
16	Lime	97	
10	shale	107	
7	Lime	114	
9	shale	123	
20	Lime	143	
14	shale	157	
19	Lime	176	
8	shale	184	
49	Lime	233	
24	shale	257	
10	Lime	267	
14	shale	281	
7	Lime	288	
6	shale	294	
11	Lime	305	
3	shale	308	
4	Lime	312	
36	shale	348	





**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 # 248520

Invoice Date: 03/22/2012 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

GUETTERMAN AI-3  
36503  
NE 19 14 22 JO  
3/16/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	123.00	10.9500	1346.85
1118B	PREMIUM GEL / BENTONITE	407.00	.2100	85.47
1111	SODIUM CHLORIDE (GRANULA	238.00	.3700	88.06
1110A	KOL SEAL (50# BAG)	615.00	.4600	282.90
1401	HE 100 POLYMER	1.00	47.2500	47.25
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	946.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1878.53 Freight: .00 Tax: 141.37 AR 3699.90  
Labor: .00 Misc: .00 Total: 3699.90  
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

TICKET NUMBER 36503

LOCATION Ottawa

FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-16-12	3244	Gretchenman AI-3	NE 19	14	22	JD
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			516	Alan M	Safety	Meet
CITY <u>Wellsville</u>			495	Casey K	CK	
STATE <u>KS</u>			370	Keith C	KC	
ZIP CODE <u>66092</u>			558	Raymond	RS	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 959 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 946 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 915 baffle  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING yes  
 DISPLACEMENT 5.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1 gal polymer followed by 200# gel to flush hole. Mixed & pumped 123 sk 50150 cement plus 2 1/2 gal 50% salt, 1.5# Kolseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float closed valve.

TOS Chad  
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	946'	casing footage		
5407	mi	ten miles		300.00
5502C	2	80 vac		180.00
1124	123	50150 cement		1346.85
118B	407#	gel		85.47
111	238#	salt		88.06
110A	615#	Kolseal		282.90
1401	1	polymer		47.25
4402	1	2 1/2 plug		28.00
<u>248520</u>				
SALES TAX				141.37
ESTIMATED TOTAL				3699.90

NO COMPANY REP  
 AUTHORIZATION Jim Dike 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.