



KANSAS CORPORATION COMMISSION 1080025
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 #: _____
01/24/2012 01/25/2012 01/25/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25897-00-00
Spot Description: _____
NW NE SW SW Sec. 18 Twp. 16 S. R. 21 East West
1085 Feet from North / South Line of Section
4395 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Van Horn Well #: A-2
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 958 Kelly Bushing: 958
Total Depth: 799 Plug Back Total Depth: 763
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: 784
feet depth to: 0 w/ 109 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: 05/02/2012



1080025

Operator Name: Altavista Energy, Inc. Lease Name: Van Horn Well #: A-2
 Sec. 18 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 <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>Squirrel</td> <td>722</td> <td>+236</td> </tr> </table>	Name	Top	Datum	Squirrel	722	+236
Name	Top	Datum					
Squirrel	722	+236					

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	4	NA
Production	5.625	2.875	6	784	50/50 Poz	109	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	722-730 - 25 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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>3</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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Van Horn A-2
Lease Owner: Alta Vista

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

Commenced Spudding:
1/24/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
16	Soil/Clay	16
26	Lime	42
8	Shale	50
10	Lime	60
3	Shale	63
18	Lime	81
46	Shale	127
29	Lime	156
60	Shale	216
22	Lime	238
24	Shale	262
5	Lime	267
47	Shale	314
4	Lime	318
5	Shale	323
4	Lime	327
11	Shale	338
24	Lime	362
12	Shale	374
21	Lime	395
3	Shale	398
4	Lime	402
4	Shale	406
4	Lime	410
48	Shale	458
5	Sandy Shale	468
101	Shale	564
5	Lime	569
5	Shale	574
7	Lime	581
9	Shale	590
7	Lime	597
10	Shale	607
6	Lime	613
13	Shale	626
4	Lime	630
10	Shale	640
13	Lime	653
5	Shale	658
9	Lime	667

Van Horn Farm: Franklin County

KS State: Well No. A-2

Elevation 958

Commenced Spuding 1-24 2012

Finished Drilling _____ 20

Driller's Name Chad Weaver

Driller's Name Brandon Stone

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

18 16 21

(Section) (Township) (Range)

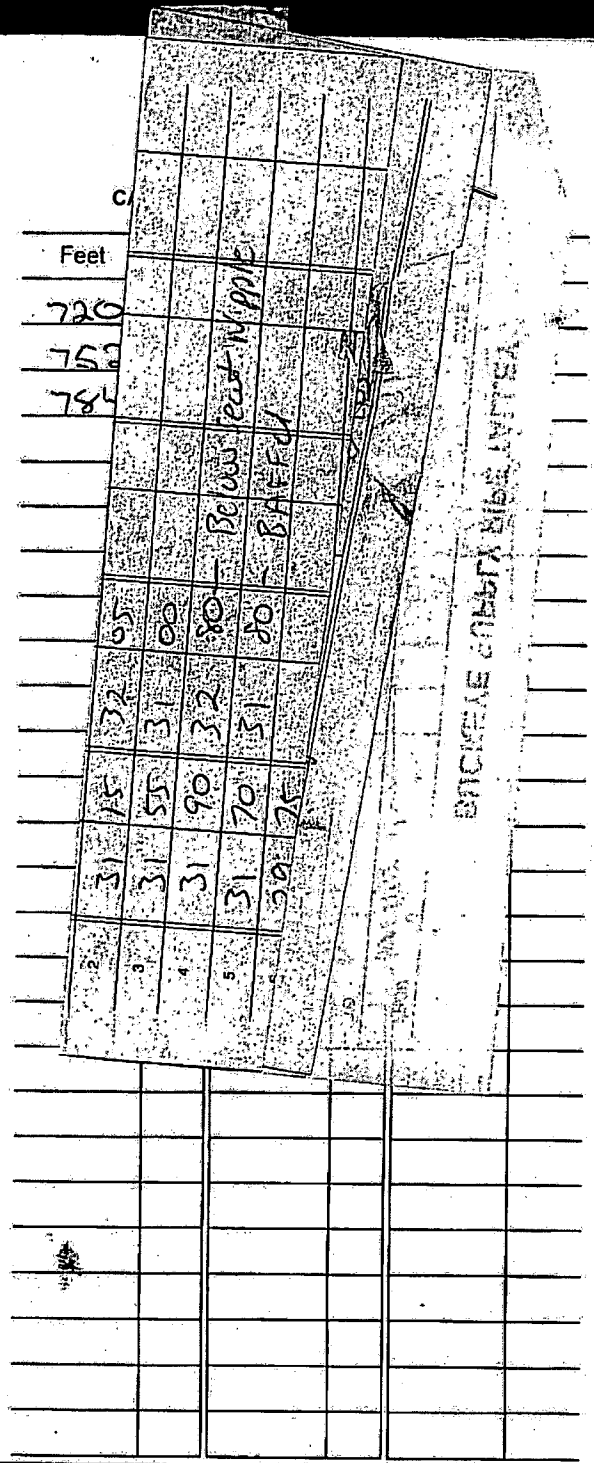
Distance from S line 1080 ft.

Distance from E line 4405 ft.

9266-9285 19 hrs

**4-sacks
CASING AND TUBING
RECORD**

10" Set _____	10" Pulled _____
7" Set <u>22'</u>	8" Pulled _____
6 1/2" Set _____	6 1/2" Pulled _____
4" Set _____	4" Pulled _____
2 1/2" Set <u>784.40</u>	2" Pulled _____



Thickness of Strata	Formation	Total Depth	Remarks
16	soil/clay	16	
26	lime	42	
8	shale	50	
10	lime	60	
3	shale	63	
18	lime	81	
46	shale	127	
29	lime	156	
60	shale	216	
22	lime	238	
24	shale	262	
5	lime	267	
47	shale	314	
4	lime	318	
5	shale	323	
4	lime	327	
11	shale	338	
24	lime	362	
12	shale	374	
21	lime	395	
3	shale	398	
4	lime	402	
4	shale	406	
4	lime	410	
48	shale	458	
5	sandy shale	463	
101	shale	564	



Thickness of Strata	Formation	Total Depth	Remarks
		564	
5	Lime	569	
5	shale	574	
7	Lime	581	
9	shale	590	
7	Lime	597	
10	shale	607	
6	Lime	613	
13	shale	626	
4	Lime	630	
10	shale	640	
13	Lime	653	
5	shale	658	
9	Lime	667	
4	shale	671	
11	sand	682	oil, odor, 5% oil, slickhead
3	sand	685	15% - 20% oil
2	sand	687	grey
4	sand	691	5%
3	sand	694	
6	sandy shale	700	
22	shale	722	
1	sand	723	OK bleed, odor, 50%
2	sand	725	solid
2	sand	727	20%
4	sandy shale	731	
68	shale	799	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 # 247485

Invoice Date: 01/30/2012 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

VAN HORN A-2
36887
SW 18 16 21 FR
01/27/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	109.00	10.9500	1193.55
1118B	PREMIUM GEL / BENTONITE	183.00	.2100	38.43
1111	SODIUM CHLORIDE (GRANULA	229.00	.3700	84.73
1110A	KOL SEAL (50# BAG)	545.00	.4600	250.70
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

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)	15.00	4.00	60.00
495 CASING FOOTAGE	799.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1595.41 Freight: .00 Tax: 124.44 AR 3339.85
Labor: .00 Misc: .00 Total: 3339.85
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

