



KANSAS CORPORATION COMMISSION 1080086
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 #: _____

<u>01/14/2012</u>	<u>01/17/2012</u>	<u>01/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25901-00-00

Spot Description: _____
SW SE NW SW Sec. 18 Twp. 16 S. R. 21 East West
1405 Feet from North / South Line of Section
4441 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin
Lease Name: Bivins Well #: AI-22
Field Name: _____

Producing Formation: Squirrel
Elevation: Ground: 968 Kelly Bushing: 968
Total Depth: 810 Plug Back Total Depth: 760
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: 791
feet depth to: 0 w/ 115 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



1080086

Operator Name: Altavista Energy, Inc. Lease Name: Bivins Well #: AI-22
 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 checked="" type="checkbox"/> Yes <input 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>727</td> <td>+241</td> </tr> </table>	Name	Top	Datum	Squirrel	727	+241
Name	Top	Datum					
Squirrel	727	+241					

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	791	50/50 Poz	115	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	727-734 - 22 Perfs - 2" DML RTG		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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Franklin County, KS
Well: Bivins AI-22
Lease Owner: Alta Vista

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

Commenced Spudding:
1/14/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
23	Soil/Clay	23
25	Lime	48
7	Shale	55
10	Lime	65
3	Shale	68
17	Lime	85
10	Shale	95
2	Sandy Shale	97
28	Shale	125
25	Lime	150
14	Shale	165
1	Lime	165
67	Shale	222
23	Lime	245
22	Shale	267
6	Lime	273
17	Shale	290
5	Sandy Shale	295
29	Shale	324
4	Lime	328
16	Shale	344
23	Lime	367
8	Shale	375
24	Lime	399
4	Shale	403
3	Lime	406
4	Shale	410
5	Lime	415
5	Shale	420
3	Lime	423
39	Shale	462
13	Sandy Shale	475
55	Shale	530
3	Sandy Lime	533
44	Shale	577
7	Lime	584
7	Shale	591
5	Lime	596
11	Shale	607
9	Lime	616

Franklin County, KS
Well: Bivins AI-22
Lease Owner: Alta Vista

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

Commenced Spudding:
1/14/2012

13	Shale	629
3	Lime	632
7	Shale	639
1	Lime	640
5	Shale	645
3	Lime	648
2	Shale	650
5	Lime	655
5	Shale	660
4	Lime	664
9	Shale	673
2	Sand	675
5	Sand	680
10	Sand	690
6	Sand	696
2	Sand	698
7	Sandy Shale	705
24	Shale	729
1	Sand	730
20	Core	750
10	Shale	760
2	Lime	762
20	Shale	782
6	Lime	788
2	Shale	790
6	Sandy Shale	796
16	Shale	810-TD

Thickness of Strata	Formation	Total Depth	Remarks
23	soil/clay	23	
25	Lime	48	
7	shale	55	
10	Lime	65	
3	shale	68	
17	Lime	85	
10	shale	95	
2	sandy shale	97	
28	shale	125	
25	Lime	150	
14	shale	164	
1	Lime	165	
67	shale	232	
23	Lime	255	
22	shale	277	
6	Lime	283	
17	shale	300	
5	sandy shale	305	
29	shale	334	
4	Lime	338	
16	shale	354	
23	Lime	377	
8	shale	385	
24	Lime	399	
4	shale	403	
3	Lime	406	
4	shale	410	

410			
Thickness of Strata	Formation	Total Depth	Remarks
5	lime	415	
5	shale	420	
3	lime	423	
39	shale	462	
13	sandy shale	475	
25	shale	500	
3	sandy lime	503	
44	shale	547	
7	lime	554	
7	shale	561	
5	lime	566	
11	shale	577	
9	lime	586	
13	shale	599	
3	lime	602	
7	shale	609	
1	lime	610	
5	shale	615	
3	lime	618	
2	shale	620	
5	lime	625	
5	shale	630	
4	lime	634	
9	shale	643	
	sand	649	no oil, gray
	sand	680	50% bleed, 5% - 10% oil
	sand	690	no oil, gray

4

5

For KCC Use:
 Effective Date: 01/14/2012
 District # 3
 SGA? Yes No

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

1071416

Form C-1
 March 2010

Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well
 Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: 01/12/2012
 month day year

OPERATOR: License# 34350
 Name: Alavista 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#
 Name: Advise on ACO-1 - Must be licensed by KCC

Spot Description:
 SW SE NW SW Sec. 18 Twp. 16 S. R. 21 E W
 1405 feet from N / S Line of Section
 4405 feet from E / W Line of Section

Is SECTION: Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)
 County: Franklin

Lease Name: Blms Well #: AJ-22

Field Name: Paola-Rantoul

Is this a Prorated / Spaced Field? Yes No

Target Formation(s): Squirrel

Nearest Lease or unit boundary line (in footage): 85

Ground Surface Elevation: 968 Estimated Estimated: 968

Water well within one-quarter mile: Yes No

Public water supply well within one mile: Yes No

Depth to bottom of fresh water: 100

Depth to bottom of usable water: 200

Surface Pipe by Alternate: I II

Length of Surface Pipe Planned to be set: 40

Length of Conductor Pipe (if any):

Projected Total Depth: 800

Formation at Total Depth: Squirrel

Water Source for Drilling Operations:

Well Farm Pond Other:

DWR Permit #:

(Note: Apply for Permit with DWR)

Will Cores be taken? Yes No

If Yes, proposed zone:

Well Drilled For: Well Class: Type Equipment:
 Gas Storage Pool Ext. Air Rotary
 Disposal Wildcat Cable
 Seismic # of Holes Other

If OWVO: old well information as follows:

Operator:

Well Name:

Original Completion Date: Original Total Depth:

Directional, Deviated or Horizontal wellbore? Yes No

If Yes, true vertical depth:

Bottom Hole Location:

KCC DKT #:

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office prior to spudding of well;
2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date. Or pursuant to Appendix 'B' - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing.

Submitted Electronically

For KCC Use ONLY
 API # 15-15-059-25901-00-00
 Conductor pipe required 0 feet
 Minimum surface pipe required 20 feet per ALT I II
 Approved by: Rick Hestermann 01/09/2012
 This authorization expires: 01/09/2013
 (This authorization void if drilling not started within 12 months of approval date.)
 Spud date: Agent:

Mail to: KCC - Conservation Division,
 130 S. Market - Room 2078, Wichita, Kansas 67202

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Fill Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field prororation orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: Signature of Operator or Agent:

18 16 21
 E W

BUCKEYE SUPPLY PIPE TALLEY

FROM Well No. 112 DATE 1/12/12
 TO D.E. Exploration P.O. NO.:
 TALLY OF: NEW USED
 SIZE 2 7/8 IN. KIND Upset CHG. NO.:
 TH. 8.0 WT. 31 WT. 85 CHG. NO.:
 OR (P.R. OR TRUCK CO.) CAR OR TRUCK NO.

NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	31	80	31	80						
2	33	15	32	10						
3	31	40	31	80						
4	30	95	31	85						
5	32	40	31	85						
6	31	90								
7	31	45								
8	31	40								
9	31	40								
10	31	00								
11	32	00								
12	31	75								
13	32	50								
14	31	85								
15	32	00								
16	31	20								
17	32	50								
18	31	75								
19	32	50								
20	32	00								
Total	637	00	158	80						

TOTALS: No. of Pieces 35 Length 795 FT. 80 IN.
 Remarks: Well Hole A.I. 22
 Tallyed by: Susan O. Berry Received By: TCR

CASING AND TUBING RECORD

3 Sacks

10" Set	10" Pulled	
8" Set	8" Pulled	
6 1/2" Set	6 1/2" Pulled	
4" Set	4" Pulled	
2 7/8"	2" Pulled	
		791.40
		760.05



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 # 247208

=====
Invoice Date: 01/19/2012 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

BIVENS AI-22
36767
SW 18 16 21 FR
01/17/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	10.9500	1259.25
1118B	PREMIUM GEL / BENTONITE	193.00	.2100	40.53
1111	SODIUM CHLORIDE (GRANULA	242.00	.3700	89.54
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
	Description	Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
485	CEMENT PUMP	1.00	1030.00	1030.00
485	EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
485	CASING FOOTAGE	791.00	.00	.00
510	MIN. BULK DELIVERY	.50	350.00	175.00

=====
Parts: 1725.65 Freight: .00 Tax: 134.59 AR 3260.24
Labor: .00 Misc: .00 Total: 3260.24
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 36767
LOCATION Obawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/7/12	3244	Bivens AI-22	SW 18	16	21	FR
CUSTOMER Altavista Energy			TRUCK#			
MAILING ADDRESS PO Box 128			481	Cas. Ken	CK	
CITY Wellsville			485	Ala. Mec	AM	
STATE KS			510	Der. Mes	DM	
ZIP CODE 66092			369	Arl. McD	ARM	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 810' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 791' DRILL PIPE _____ TUBING Eagle - 760' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 4.42 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal ESA-41 Soap + 1/2 gal HE-150 Polymer followed by 20 bbls fresh water, mixed & pumped 115 sks 50/50 Pozmix cement w/ 2% gel, 5% Salt + 5# Kol Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to 791' TD w/ 4.42 bbl fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		1030.00
5406	15 miles	MILEAGE pump truck		60.00
5402	791'	casing footage		
5407	1/2 minimum	ton mileage		175.00
5502C	1.5 hrs	80 Vac		135.00
1124	115 sks	50/50 Pozmix cement	10.95	1259.25
1118B	193 #	Premium Gel	.21	40.32
1111	242 #	Salt	.37	89.54
1118A	575 #	Kol Seal	.46	264.50
1143	1/2 gal	ESA-41 Soap	40.40	20.20
1401	1/2 gal	HE-150 Polymer	47.25	23.63
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX
				ESTIMATED TOTAL

Handwritten date: 2/17/2018

AUTHORIZATION No Co. Rep. on location 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