



KANSAS CORPORATION COMMISSION 1080092
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 SLOW
- 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>01/16/2012</u>	<u>01/18/2012</u>	<u>01/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25902-00-00

Spot Description: _____

SW SW NE SW Sec. 18 Twp. 16 S. R. 21 East West

1445 Feet from North / South Line of Section

3830 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-23

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 964 Kelly Bushing: 964

Total Depth: 799 Plug Back Total Depth: 742

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: 779

feet depth to: 0 w/ 112 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 Gamsor Date: 05/02/2012



1080092

Operator Name: Altavista Energy, Inc. Lease Name: Bivins Well #: AI-23
 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>722</td> <td>+242</td> </tr> </table>	Name	Top	Datum	Squirrel	722	+242
Name	Top	Datum					
Squirrel	722	+242					

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	779	50/50 Poz	112	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. _____		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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Franklin County, KS
Well: Bivins AI-23
Lease Owner: Alta Vista

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

Commenced Spudding:
1/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
27	Lime	48
7	Shale	55
10	Lime	65
3	Shale	68
20	Lime	88
54	Shale	142
3	Lime	145
4	Shale	149
26	Lime	175
49	Shale	224
22	Lime	246
25	Shale	271
6	Lime	277
16	Shale	293
6	Sand	299
12	Lime	311
10	Shale	321
2	Lime	323
15	Shale	338
23	Lime	361
9	Shale	370
22	Lime	392
5	Shale	397
4	Lime	401
3	Shale	404
6	Lime	410
5	Shale	415
1	Lime	416
5	Sandy Shale	421
35	Shale	456
10	Sand	466
52	Shale	518
8	Sand	526
32	Shale	558
5	Lime	563
7	Shale	570
9	Lime	579
7	Shale	586
8	Lime	594

Franklin County, KS
Well: Bivins AI-23
Lease Owner: Alta Vista

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

Commenced Spudding:
1/16/2012

2	Shale	596
4	Coal	600
2	Shale	602
7	Lime	609
14	Shale	623
3	Lime	626
3	Coal	629
5	Shale	634
4	Lime	638
2	Shale	640
9	Lime	649
13	Shale	662
5	Lime	667
17	Sand	684
30	Sandy Shale	714
1	Lime	715
7	Shale	722
1	Lime	723
1	Shale	724
1	Sand	725
1	Sand	726
19	Core	745
34	Shale	779
4	Lime	783
7	Shale	790
2	Lime	792
7	Shale	799-TD

Thickness of Strata	Formation	Total Depth	Remarks
0-21	soil-clay	21	
27	Lime	48	
7	Shale	55	
10	Lime	65	
3	Shale	68	
20	Lime	88	
54	Shale	142	
3	Lime	145	
4	Shale	149	
26	Lime	175	
49	Shale	224	
22	Lime	246	
25	Shale	271	
6	Lime	277	
16	Shale	293	
6	Sand	299	no oil
12	Lime	311	
10	Shale	321	
2	Lime	323	
15	Shale	338	
23	Lime	361	
9	Shale	370	
22	Lime	392	
5	Shale	397	
4	Lime	401	
3	Shale	404	
6	Lime	410	

410

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	415	
1	Lime	416	
5	Sandy shale	421	
35	Shale	456	
10	Sand	466	no oil
52	Shale	518	
8	Sand	526	no oil
32	Shale	558	
5	Lime	563	
7	Shale	570	
9	Lime	579	
7	Shale	586	
8	Lime	594	
2	Shale	596	
4	Coal	600	
2	Shale	602	
7	Lime	609	
14	Shale	623	
3	Lime	626	
3	Coal	629	
5	Shale	634	
4	Lime	638	
2	Shale	640	
9	Lime	649	
13	Shale	662	
5	Lime	667	
17	Sand	684	50-60% oil OK Hand

684

Thickness of Strata	Formation	Total Depth	Remarks
30	Sandy shale	714	
1	Lime	715	
7	Shale	722	
1	Lime	723	
1	Shale	724	
1	Sand	725	no Oil
1	Sand	726	solid Oil
19	COBE	745	
34	shale	779	
4	Lime	783	
7	shale	790	
2	Lime	792	
7	shale	799	TD

BUCKEYE SUPPLY PIPE TALLEY

TO: Wells DATE: 1/18/12

TO: D.E.L. P.O. NO.

TALLY OF KIND NEW USED

WEIGHT _____ CAR OR TRUCK NO. _____

LINE	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	29	50	30	65						
2	30	90	32	70						
3	31	15	31	70						
4	31	10	31	95						
5	31	40	31	15						
6	31	90								
7	27	35								
8	29	25								
9	30	95								
10	20	60								
11	31	75								
12	31	05								
13	31	25								
14	32	00								
15	31	90								
16	32	00							772	25
17	31	30								
18	32	70								
19	29	55								
20	31	80								
Total	619	50	158	15						

TOTALS: No. of Pieces: 25 Length: 770 Ft. 65

Remarks: Draw AT 23
 Talled by: Dennis Sullivan

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet
742		Baffle		
				27
770		TOTAL		



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 # 247377

Invoice Date: 01/26/2012 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-23
36858
SW 18 FR
01/18/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	112.00	10.9500	1226.40
1118B	PREMIUM GEL / BENTONITE	188.00	.2100	39.48
1111	SODIUM CHLORIDE (GRANULA	216.00	.3700	79.92
1110A	KOL SEAL (50# BAG)	560.00	.4600	257.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495	CASING FOOTAGE	772.00	.00	.00
503	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1675.23 Freight: .00 Tax: 130.66 AR 3400.89
Labor: .00 Misc: .00 Total: 3400.89
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

TICKET NUMBER 36858

LOCATION Ottawa KS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/18/12	3244	Bivens # AI-23	SW 18			FR
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>4595 Highway 33</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE logstring HOLE SIZE _____ HOLE DEPTH 799' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 772 DRILL PIPE Baffle in TUBING @ 741 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 4.3 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish Circulation Mix & Pump 1/2 Gal ESA-41 + 1/2 Gal HE-150
Polymer Flush Circulate to condition hole mix & Pump 112 SKS
50/50 Poz mix Cement 29 Gal 5% Salt 5" Rol Seal/sk Cement to
Surface Flush pump & broos clean Displace 2 1/2" Robber
plug to Baffle in casing Pressure to 800# PSI Release
pressure to set float Valve, Shut in Casing

TOS Drilling (was)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	772	Casing footage		0 ⁰⁰
5407	Minimum	Ten Miles	503	350 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	870	135 ⁰⁰
1124	112 SKS	50/50 Poz mix Cement		1226 ⁴⁰
1118B	188#	Premium Gel		39 ⁴⁸
1111	216#	Granulated Salt		79 ⁹²
1110A	560#	ROL Seal		257 ⁶⁰
4402	1	2 1/2" Robber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ³⁰
1401	1/2 Gal	HE 150 Polymer		23 ⁶³
<u>247377</u>				
			7.8%	SALES TAX
				130 ⁶⁴
				ESTIMATED TOTAL
				3400 ⁸⁹

Rev'n 3737

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 for