



KANSAS CORPORATION COMMISSION 1078308
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 #: _____
02/23/2012 02/24/2012 02/24/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23802-00-00
Spot Description:
NW NE NW SE Sec. 15 Twp. 14 S. R. 22 East West
2498 Feet from North / South Line of Section
1711 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: McCann B Well #: A1-1
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1023 Kelly Bushing: 1023
Total Depth: 920 Plug Back Total Depth: 879
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 910
feet depth to: 0 w/ 119 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 Gannon Date: 04/11/2012



1078308

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-1
 Sec. 15 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: none;"> <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>826</td> <td>+197</td> </tr> </table>	Name	Top	Datum	Bartlesville	826	+197
Name	Top	Datum					
Bartlesville	826	+197					

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	20	Portland	3	NA
Production	5.625	2.875	6	910	50/50 Poz	119	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	826-840 - 44 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 Bbbs. Gas Mcf Water Bbbs. 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B AI-1
Lease Owner: Alta Vista

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

Commenced Spudding:
2/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
3	Lime	10
3	Clay	13
4	Shale	17
17	Lime	34
7	Shale	41
9	Lime	50
8	Shale	58
15	Lime	73
23	Shale	96
76	Lime	172
31	Shale	203
8	Lime	211
14	Shale	225
5	Shale & Lime	230
6	Lime	236
3	Shale	239
11	Lime	250
32	Shale	282
1	Lime	283
11	Shale	294
25	Lime	319
6	Shale	325
24	Lime	349
4	Shale	353
4	Lime	357
6	Shale	363
5	Lime	368
54	Shale	422
35	Sand	457
19	Shale	476
17	Sand	493
49	Shale	542
5	Lime	547
3	Shale	550
3	Lime	553
6	Shale	559
7	Lime	566
16	Shale	582
4	Lime	586

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil-clay	7	
3	Lime	10	
3	clay	13	
4	shale	17	
17	Lime	34	
7	shale	41	
9	Lime	50	
8	shale	58	
15	Lime	73	
23	shale	96	
76	Lime	172	
31	shale	203	
8	Lime	211	
14	shale	225	
5	shale & lime	230	
6	Lime	236	
3	shale	239	
11	Lime	250	
32	shale	282	
1	Lime	283	
11	shale	294	
25	Lime	319	
6	shale	325	
24	Lime	349	
4	shale	353	
4	Lime	357	
6	shale	363	

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Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	368	
54	shale	422	
35	sand	457	no Oil
19	shale	476	
17	sand	493	no Oil
49	shale	542	
5	Lime	547	
3	shale	550	
3	Lime	553	
6	shale	559	
7	Lime	566	
16	shale	582	
4	Lime	586	
6	shale	592	
3	Lime	595	
6	shale	601	
2	Lime	603	
10 1/2	shale	705	
13	sand	723	no Oil
83	shale	811	
5	sand	816	
9	shale	825	
1	sand	826	
7	sand	833	broken 75% Oil
3	sand	836	broken 50% Oil
1	sand	837	solid Oil
7	sand	844	no Oil



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
Chanule, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 248020

Invoice Date: 02/28/2012 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

MC CAM B AI-1
34195
SE 15 14 22 JO
2/24/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	595.00	.4600	273.70
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)	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	910.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1796.68 Freight: .00 Tax: 135.20 AR 3611.88
Labor: .00 Misc: .00 Total: 3611.88
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34195

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
2/21/12	3244	McCann "B" A2-1	SE 15	14	22	Jo
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			506	FREMAD	Safety	MH
MAILING ADDRESS			495	HARBEC	NJ B	
4595 Highway 33			370	KEICAR	KC	
CITY	STATE	ZIP CODE	548	RYASIN	RS	
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 910 DRILL PIPE 80 BAC STUBING @ 879 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2 Plug +
 DISPLACEMENT 5.11 38c DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 PPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA 41 + 1/2 gal HE-100 Polymer
Flush. Circulate to condition hole. Mix + Pump 100# Premium
Gel Flush. Mix + Pump 119 SKS 50/50 Pm Mix Cement 2 7/8 Gal
5% Salt 5# Kal 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.
Shot in casing.

TOS Drilling (wccs)

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	910'	Casing footage		N/C
5407	Minimum	Ton Miles	548	125 ⁰⁰
5502C	2 HRS	80 BAC Vac Truck	370	180 ⁰⁰
1124	1193 SKS	50/50 Pm Mix Cement		1308 ⁰⁵
1158	300#	Premium Gel 1		63 ⁰⁰
1111	230#	Granulated Salt		85 ¹⁰
110A	595#	Kal Seal		273 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1173	1/2 Gal	ESA 41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
248020				
			7.52520	

Revh 3737

SALES TAX _____
ESTIMATED TOTAL 3611⁸⁸

AUTHORIZATION Wesley Dollard

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.