



KANSAS CORPORATION COMMISSION 1078317
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>02/23/2012</u>	<u>02/24/2012</u>	<u>03/01/12</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23806-00-00

Spot Description: _____
SE NE NE SE Sec. 15 Twp. 14 S. R. 22 East West
2180 Feet from North / South Line of Section
170 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 #: AI-5

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1034 Kelly Bushing: 1034

Total Depth: 930 Plug Back Total Depth: 883

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: 915

feet depth to: 0 w/ 124 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 Corboe Date: 04/11/2012



1078317

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-5
 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>832</td> <td>+202</td> </tr> </table>	Name	Top	Datum	Bartlesville	832	+202
Name	Top	Datum					
Bartlesville	832	+202					

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	915	50/50 Poz	124	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	832-842 - 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: McCann B AI-5
Lease Owner: Alta Vista

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

Commenced Spudding:
2/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Lime	19
5	Shale	24
16	Lime	40
7	Shale	47
7	Lime	65
10	Shale	64
14	Lime	78
21	Shale	99
77	Lime	176
30	Shale	206
7	Lime	213
22	Shale	235
6	Lime	241
3	Shale	244
10	Lime	254
44	Shale	298
27	Lime	325
5	Shale	330
24	Lime	354
4	Shale	358
5	Lime	363
4	Shale	367
6	Lime	373
52	Shale	425
10	Sandy Shale	435
48	Shale	483
7	Sand	490
55	Shale	545
4	Lime	549
15	Shale	564
6	Lime	570
17	Shale	587
3	Lime	590
8	Shale	598
11	Lime	609
111	Shale	720
13	Sandy Shale	733
11	Shale	744
3	Lime	747

Thickness of Strata	Formation	Total Depth	Remarks
13	soil/clay	13	
6	Lime	19	
5	shale	24	
16	Lime	40	
7	shale	47	
7	Lime	54	
10	shale	64	
14	Lime	78	
21	shale	99	
77	Lime	176	
30	shale	206	
7	Lime	213	
22	shale	235	
6	Lime	241	
3	shale	244	
10	Lime	254	
44	shale	298	
27	Lime	325	
5	shale	330	
24	Lime	354	
4	shale	358	
5	Lime	363	
4	shale	367	
6	Lime	373	
52	shale	425	
10	sandy shale	435	
48	shale	483	

483

Thickness of Strata	Formation	Total Depth	Remarks
7	sand	490	no oil
55	shale	545	
4	lime	549	
15	shale	564	
6	lime	570	
17	shale	587	
3	lime	590	
8	shale	598	
11	lime	609	
11	shale	720	
13	sandy shale	733	no oil
11	shale	744	
3	lime	747	
84	shale	831	
3	sandy lime	834	50% oil, odor, ok bleed
1	sandy lime	835	10%
1	sandy lime	836	20%
3	sand	839	solid
2	sandy lime	841	5% - 10% oil
3	sand shale	844	no oil
4	sand	848	no oil, grey
2	sandy shale	850	10% - 20% oil
4	sandy shale	854	no oil
76	shale	930	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 # 248199

Invoice Date: 03/08/2012 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-5
34222
SE 15 14 22 JO
3/1/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	10.9500	1357.80
1118B	PREMIUM GEL / BENTONITE	408.00	.2100	85.68
1111	SODIUM CHLORIDE (GRANULA	240.00	.3700	88.80
1110A	KOL SEAL (50# BAG)	620.00	.4600	285.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	915.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1845.48 Freight: .00 Tax: 138.87 AR 3709.35
Labor: .00 Misc: .00 Total: 3709.35
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
620/839-5289

GILLETTE, WY
307/688-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34222
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
3/1/12	3244	McCann "B" #A1-5	SE 15	14	22	JO
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			KS			
4595 Highway 33			66092			
			506			
			FREMAD			
			Safety Mkt			
			475			
			NARBEC			
			HAMS			
			370			
			KEICAR			
			KC			
			558			
			RYASIN			
			RS			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8 - EOE
 CASING DEPTH 915' DRILL PIPE Baffle tubing @ 8 1/4' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 5.14 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal HE-100 Polymer Flush
Circulate from pit to condition hole. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 124 SKS 50/50 Poz Mix Cement 2 1/2" Gel 5% Salt
5# Kol 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. Shut in casing.

TOS Drilling (Chad)

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	9.5	Casing Footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck.	370	225 ⁰⁰
1124	124 SKS	50/50 Poz Mix Cement		1357 ⁰⁰
1118B	408#	Premium Gel		85 ⁶⁸
1111	240#	Consolidated Salt		88 ⁰⁰
1110A	620#	Kol Seal		285 ²⁵
4402	1	2 1/2" Rubber Plug		26 ⁰⁵
<u>248199</u>				
			7.8%	SALES TAX
				ESTIMATED TOTAL
				3709 ³⁵

Rev'n 5737

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 form