



KANSAS CORPORATION COMMISSION 1078400
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>03/05/2012</u>	<u>03/06/2012</u>	<u>03/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23812-00-00

Spot Description: _____
SE NE SW SE Sec. 15 Twp. 14 S. R. 22 East West

979 Feet from North / South Line of Section

1398 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-11

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1015 Kelly Bushing: 1015

Total Depth: 919 Plug Back Total Depth: 919

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: 905
feet depth to: 0 w/ 121 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 Gantior Date: 04/12/2012



1078400

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-11
 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-collapse: collapse;"> <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>836</td> <td>+179</td> </tr> </table>	Name	Top	Datum	Bartlesville	836	+179
Name	Top	Datum					
Bartlesville	836	+179					

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	905	50/50 Poz	121	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	836-844 - 25 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 (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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B AI-11
Lease Owner: Alta Vista

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

Commenced Spudding:
3/5/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Shale	19
15	Lime	34
6	Shale	40
8	Lime	48
9	Shale	57
17	Lime	74
20	Shale	94
75	Lime	169
31	Shale	200
8	Lime	208
17	Shale	225
6	Shale & Lime	231
5	Shale	236
9	Lime	245
44	Shale	289
27	Lime	316
7	Shale	323
24	Lime	347
4	Shale	351
5	Lime	356
4	Shale	360
7	Lime	367
58	Shale	425
26	Sandy Shale	461
14	Shale	475
16	Sand	491
67	Shale	558
8	Lime	565
17	Shale	582
3	Lime	585
15	Shale	600
3	Lime	603
102	Shale	705
15	Sand	720
19	Shale	739
3	Lime	742
94	Shale	836
1	Sandy Shale	837
1	Sand	838

McLennan Farm: Johnson County

KS State; Well No. A1-11

Elevation 1015

Commenced Spuding 3-5 20 12

Finished Drilling 3-6 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name JOS

15 14 22

(Section) (Township) (Range)

Distance from 5 line, 975 ft.

Distance from E line, 1395 ft.

9422 - 9431 9 hrs

3 sacks
CASING AND TUBING
RECORD

10" Set _____ 10" Pulled _____
8" Set 21' 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 904 95 2" Pulled _____

9470

Thickness of Strata	Formation	Total Depth	Remarks
13	mil / clay	13	
6	shale	19	
15	Lime	34	
6	shale	40	
8	Lime	48	
9	shale	57	
17	Lime	74	
20	shale	94	
75	Lime	169	
31	shale	200	
8	Lime	208	
17	shale	225	
6	shale + Lime	231	
5	shale	236	
9	Lime	245	
44	shale	289	
27	Lime	316	
7	shale	323	
24	Lime	347	
4	shale	351	
5	Lime	356	
4	shale	360	
7	Lime	367	
58	shale	425	
26	sandy shale	461	
14	shale	475	
16	sand	491	no c:1

491

Thickness of Strata	Formation	Total Depth	Remarks
67	shale	558	
8	lime	565	
17	shale	582	
3	lime	585	
15	shale	600	
3	lime	603	
102	shale	705	
15	sand	720	5% - 10% oil
19	shale	739	
3	lime	742	
94	shale	836	
1	sandy shale	837	10% water, slight bleed
1	sand	838	solid
2	sandy shale	840	5%
3	sand	843	30% - 40% oil
4	sandy lime	847	no oil
4	sand	851	no oil
4	sandy shale	855	no oil
64	shale	919	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 # 248270

Invoice Date: 03/09/2012 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-11
34247
SE 15 14 22 JO
3/6/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	353.00	.2100	74.13
1111	SODIUM CHLORIDE (GRANULA	234.00	.3700	86.58
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
1401	HE 100 POLYMER	1.00	47.2500	47.25
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	904.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1839.21 Freight: .00 Tax: 138.41 AR 3657.62
Labor: .00 Misc: .00 Total: 3657.62
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7684

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
Well Services, LLC

TICKET NUMBER 34247

LOCATION Ottawa

FOREMAN Alan Mader

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
3-6-12	3244	McLagan B AT-11	SE15	14	2:2	Jo
CUSTOMER Atkinson Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meet
CITY Wellsville			368	Gary M	G.M	
STATE KS			370	Keith C	KC	
ZIP CODE 66092			348 348	Ryan S	RS	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 519 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 904 DRILL PIPE _____ TUBING _____ OTHER baffle 873
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5 DISPLACEMENT PSI 800 MIX PSI 800 RATE 46pm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1 gal HE100 followed by 150# gel. Circulated into clean pit. Pumped 1st sk 50/50 cem plus 5# kol-seal 5% salt, 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve. Plug stopped @ baffle

TDS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	904	casing footage		
5407	min	ton miles		350.00
5502L	2	80 gal		180.00
1124	181SK	50/50 cem		1324.95
1118B	353#	gel		74.13
1111	234#	salt		86.58
110A	605#	kolseal		278.30
1401	1	HE100		47.25
4402	1	2 1/2 plug		28.00
				2482.70
SALES TAX				138.41
ESTIMATED TOTAL				2657.62

Rev 0737

Alan Mader

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.