



KANSAS CORPORATION COMMISSION 1078396
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>03/02/2012</u>	<u>03/03/2012</u>	<u>03/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23811-00-00

Spot Description:
NW, NW, SE, SE Sec. 15 Twp. 14 S. R. 22 East West
1276 Feet from North / South Line of Section
1134 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 #: A1-10
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1022 Kelly Bushing: 1022
Total Depth: 919 Plug Back Total Depth: 873
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: 905
feet depth to: 0 w/ 130 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: 04/12/2012



1078396

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-10
 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>Bartiesville</td> <td>841</td> <td>+181</td> </tr> </table>	Name	Top	Datum	Bartiesville	841	+181
Name	Top	Datum					
Bartiesville	841	+181					

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	905	50/50 Poz	130	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	841-850 - 28 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

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-10
Lease Owner:Alta Vista

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

Commenced Spudding:
3/2/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Lime	19
7	Shale	26
16	Lime	42
7	Shale	49
8	Lime	57
9	Shale	66
16	Lime	82
20	Shale	102
74	Lime	176
31	Shale	207
9	Lime	216
15	Shale	231
6	Shale & Lime	237
5	Shale	242
9	Lime	251
44	Shale	295
33	Lime	328
6	Shale	334
18	Lime	352
4	Shale	356
5	Lime	360
5	Shale	365
7	Lime	372
64	Shale	436
15	Sandy Shale	451
31	Shale	482
14	Sand	496
53	Shale	549
4	Lime	553
3	Shale	556
1	Lime	557
5	Shale	562
6	Lime	568
17	Shale	585
3	Lime	588
15	Shale	603
4	Lime	607
25	Shale	632
3	Lime	635

McLinn's Farm: Johnson County

KS State: Well No. A1-10

Elevation 1022

Commenced Spudding 3-2 20 12

Finished Drilling 3-5 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Mike Mears

Tool Dresser's Name _____

Contractor's Name TOS

15 14 22

(Section) (Township) (Range)

Distance from S line, 1075 ft.

Distance from E line, 1105 ft.

942 - 9422 - 10 hrs

**3 sacks
CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7" Set 22' 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 205'-40 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
13	soil / clay	13	
6	lime	19	
7	shale	26	
16	lime	42	
7	shale	49	
8	lime	57	
9	shale	66	
16	lime	82	
20	shale	102	
74	lime	176	
31	shale	207	
9	lime	216	
15	shale:	231	
6	shale + lime	237	
5	shale	242	
9	lime	251	
44	shale	295	
33	lime	328	
6	shale	334	
18	lime	352	
4	shale	356	
5	lime	360	
5	shale	365	
7	lime	372	
64	shale	436	
15	sandy shale	451	
31	shale	482	

Thickness of Strata	Formation	Total Depth	Remarks
		482	
14	sand	496	no oil
53	shale	549	
4	lime	553	
3	shale	556	
1	lime	557	
5	shale	562	
6	lime	568	
17	shale	585	
3	lime	588	
15	shale	603	
4	lime	607	
25	shale	632	
3	lime	635	
80	shale	715	
15	sand	730	no oil
14	shale	744	
2	lime	746	
95	shale	841	
3	limey sand	844	50% oil carbon, sand black
3	limey sand	847	75% oil
1	limey sand	848	no oil
1	limey sand	849	30% oil
2	sandy shale	851	no oil
4	sand	855	no oil
3	sandy shale	858	no oil
61	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 # 248283

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-10
34228
SE 15 14 22 JO
3/5/12

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	420.00	.2100	88.20
1111	SODIUM CHLORIDE (GRANULA	252.00	.3700	93.24
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	1.00	47.2500	47.25
Description		Hours	Unit Price	Total
369	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	905.00	.00	.00
558	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1979.19 Freight: .00 Tax: 148.95 AR 3808.14
Labor: .00 Misc: .00 Total: 3808.14
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 34228
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
3/5/12	3244	McCann "B" # AS-10	SE 15	14	22	JO
CUSTOMER Kelly Co LLC, (Alta Vista)			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 33 Highway			506	FREYAD	Safety Mats	
CITY	STATE	ZIP CODE	495	HARBEC	HAB	
Wellsville	KS	66092	369	DERMAS	DM	
			558	REIDET	KD	

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 919' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 905' DRILL PIPE Baffle TUBING 873' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 5.13AL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal ESA 41 Polymer Flush
Circulate to condition hole. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 130 sks 50/50 Por. Mix Cement 270 Gal 570 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. Shut in casing.

Evans Energy Dev. Inc. (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	905	Casing footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	2 hrs	80. BBL Vac Truck	369	180 ⁰⁰
1124	120 sks	50/50 Por Mix Cement		1423 ⁵⁰
1118B	420 [#]	Premium Gel		58 ²⁰
1111	252 [#]	Granulated Salt		93 ²⁴
1110A	650 ^{gal}	Kal Seal		299 ⁰⁰
4402	1	2 1/2" Rubber plug		26 ⁰⁰
1401	1 Gal	HE-100 Polymer		47 ³⁵
		248283		
			7525%	SALES TAX
				ESTIMATED TOTAL
				3808 ¹⁴

Rev 01 3/3/07

AUTHORIZATION *[Signature]* 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 to