



KANSAS CORPORATION COMMISSION 1078316
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>02/20/2012</u>	<u>02/21/2012</u>	<u>02/23/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23805-00-00
Spot Description: _____
SE NW NE SE Sec. 15 Twp. 14 S. R. 22 East West
2178 Feet from North / South Line of Section
786 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 #: A1-4
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1029 Kelly Bushing: 1029
Total Depth: 930 Plug Back Total Depth: 881
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: 913
feet depth to: 0 w/ 135 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 Gamboa Date: 04/12/2012



1078316

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-4
 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>835</td> <td>+194</td> </tr> </table>	Name	Top	Datum	Bartlesville	835	+194
Name	Top	Datum					
Bartlesville	835	+194					

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	913	50/50 Poz	135	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	835-845 - 31 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-4
Lease Owner: Alta Vista

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

Commenced Spudding:
2/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
11	Soil/Clay	11
5	Lime	16
9	Shale	25
16	Lime	41
6	Shale	47
8	Lime	55
9	Shale	63
15	Lime	78
22	Shale	100
75	Lime	175
32	Shale	207
7	Lime	215
21	Shale	236
6	Lime	242
2	Shale	244
10	Lime	254
32	Shale	286
3	Lime	289
8	Shale	297
26	Lime	323
6	Shale	329
24	Lime	353
4	Shale	357
5	Lime	362
4	Shale	366
6	Lime	372
55	Shale	427
8	Sandy Shale	435
15	Sand	450
33	Shale	483
14	Sand	497
49	Shale	546
4	Lime	550
3	Shale	553
3	Lime	556
7	Shale	563
7	Lime	570
16	Shale	586
3	Lime	589
6	Shale	595

Thickness of Strata	Formation	Total Depth	Remarks
11	soil / clay	11	
5	lime	16	
9	shale	25	
16	lime	41	
6	shale	47	
8	lime	55	
9	shale	63	
15	lime	78	
22	shale	100	
75	lime	175	130 water-
32	shale	207	
7	lime	215	
21	shale	236	
6	lime	242	
2	shale	244	
10	lime	254	
32	shale	286	
3	lime	289	
8	shale	297	
26	lime	323	
6	shale	329	
24	lime	353	
4	shale	357	
5	lime	362	
4	shale	366	
6	lime	372	
	shale	427	

427

Thickness of Strata	Formation	Total Depth	Remarks
8	sandy shale	435	
15	sand	450	no oil
33	shale	483	
14	sand	497	no oil
49	shale	546	
4	lime	550	
3	shale	553	
3	lime	556	
7	shale	563	
7	lime	570	
16	shale	586	
3	lime	589	
6	shale	595	
13	lime	608	
24	shale	632	red bed
3	lime	635	
75	shale	710	
14	sand	724	odor, no bleed, maybe 2% oil
14	shale	738	
2	lime	740	
	shale	835	
5	limy sand	840	35% - 40% oil, odor, ok bleed
3	sand	843	solid
2	limy sand	845	50% oil
2	limy sand	847	5% - 10% oil
2	sandy shale	849	no oil
6	sand	855	



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 # 248019

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-4
34191
SE 15 14 22 JO
34191
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	10.9500	1478.25
1118B	PREMIUM GEL / BENTONITE	327.00	.2100	68.67
1111	SODIUM CHLORIDE (GRANULA	261.00	.3700	96.57
1110A	KOL SEAL (50# BAG)	675.00	.4600	310.50
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)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	913.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 2025.82 Freight: .00 Tax: 152.46 AR 3608.28
 Labor: .00 Misc: .00 Total: 3608.28
 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



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

TICKET NUMBER 34191
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/23/12	3244	McCann "B" A-I-4	SE 15	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 Highway 33			506	FREMAO	Safety	Mk
CITY Wellsville			495	HARBEC	H/B	J
STATE KS			370	KEICAR	IC	
ZIP CODE 66692			548	RYASIN	RS	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 913 DRILL PIPE Baffle in TUBING 2 5/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug +
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 RPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer
Flush Mix + Pump 200# Premium Gel Flush. Mix + Pump 135 sks
50/50 Por Mix Cement. 2 1/2 Gal 5 To Salt. 5# Kol Seal/sk. Cement to
surface Flush pump + lines clean. ~~Est~~ 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	913'	Casing footage		N/C
5407	1/2 minimum	Ten Miles		175 ⁰⁰
5502C	2 1/2 hrs	50 BBL Vac Truck		225 ⁰⁰
1124	135 sks	50/50 Por Mix Cement		1478 ²⁵
118B	327#	Premium Gel		68 ⁶⁷
111	261#	Granulated Salt		96 ⁵⁷
110A	625#	Kol Seal		310 ⁵⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶⁰
		248019		
		7.525%	SALES TAX	152 ⁴⁶
			ESTIMATED TOTAL	3608 ²⁸

Rev'n 0787

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 form