



KANSAS CORPORATION COMMISSION 1078310
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>02/28/2012</u>	<u>02/29/2012</u>	<u>02/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23803-00-00
Spot Description: _____
NW NE NE SE Sec. 15 Twp. 14 S. R. 22 East West
2479 Feet from North / South Line of Section
472 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-2
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1030 Kelly Bushing: 1030
Total Depth: 920 Plug Back Total Depth: 868
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 900
feet depth to: 0 w/ 139 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 Gamsco Date: 04/12/2012



1078310

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-2
 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>833</td> <td>+197</td> </tr> </table>	Name	Top	Datum	Bartlesville	833	+197
Name	Top	Datum					
Bartlesville	833	+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	24	Portland	3	NA
Production	5.625	2.875	6	900	50/50 Poz	139	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	833-843 - 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> _____
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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-2
Lease Owner: Alta Vista

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

Commenced Spudding:
2/28/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
6	Lime	14
6	Shale	20
17	Lime	37
8	Shale	45
8	Lime	53
9	Shale	62
14	Lime	76
17	Shale	93
2	Lime	95
3	Shale	98
77	Lime	175
32	Shale	207
8	Lime	215
14	Shale	229
5	Shale & Lime	234
7	Lime	241
3	Shale	244
9	Lime	253
33	Shale	286
1	Lime	287
10	Shale	297
26	Lime	323
7	Shale	330
23	Lime	353
4	Shale	357
5	Lime	362
4	Shale	366
7	Lime	373
53	Shale	426
39	Sand	465
16	Shale	481
27	Sand	508
36	Shale	544
5	Lime	549
2	Shale	551
1	Lime	552
11	Shale	563
7	Lime	570
16	Shale	586

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil-clay	8	
6	Lime	14	
6	shale	20	
17	Lime	37	
8	shale	45	
8	Lime	53	
9	shale	62	
14	Lime	76	
17	shale	93	
2	Lime	95	
3	shale	98	
77	Lime	175	
32	shale	207	
8	Lime	215	
14	shale	229	
5	shale & lime	234	
7	Lime	241	
3	shale	244	
9	Lime	253	
33	shale	286	
1	Lime	287	
10	shale	297	
26	Lime	323	
7	shale	330	
23	Lime	353	
4	shale	357	
5	Lime	362	

362

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	366	
7	Lime	373	
53	shale	426	
39	sand	465	no Oil
16	shale	481	
27	sand	508	no Oil
36	shale	544	
5	Lime	549	
2	shale	551	
1	Lime	552	
11	shale	563	
7	Lime	570	
16	Shale	586	
3	Lime	589	
7	shale	596	
10	Lime	606	
25	shale	631	
2	Lime	633	
75	shale	708	
26	sand	734	good odor no show
8	shale	742	
2	Lime	744	
88	shale	832	
3	sand	835	broken 50% Oil
3	limey sand	838	no Oil
1	limey sand	839	broken 50% Oil
3	sand	842	solid 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
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 248129

Invoice Date: 02/29/2012 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 AI2
34210
SE 15 14 22 JO
2/29/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	139.00	10.9500	1522.05
1118B	PREMIUM GEL / BENTONITE	334.00	.2100	70.14
1111	SODIUM CHLORIDE (GRANULA	269.00	.3700	99.53
1110A	KOL SEAL (50# BAG)	695.00	.4600	319.70
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
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	900.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 2083.25 Freight: .00 Tax: 156.77 AR 3920.02
 Labor: .00 Misc: .00 Total: 3920.02
 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

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 34210
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-29-12	3244	McCann AT-2	SE 15	14	22	J8
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 915 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 900 DRILL PIPE _____ TUBING _____ OTHER baffle 868
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 3/4 DISPLACEMENT PSI 2000 MIX PSI 200 RATE 4.5 gpm

REMARKS: held crew meet. Established rate. Mixed & pumped 1/2 gal ESA41 & 1/2 gal HE 100. Circulated into clean pit. Mixed & pumped 100 # gel to condition well followed by 134 sk 50150 cem plus 5% salt, 5# Solseal, 2% gel plus sack. Circulated cement. Flushed pump. Hooked to well. Attempted to pump plug to baffle. Well flushed. Pressured up to 2000 PSI. Closed valve. Pumped 5 sk cement to fill area around well. left plug app. 140' down.

705, Wes

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	900	casing footage		—
5407	mi	ton miles		350.00
5502L	2	80 vac		180.00
1124	139 sk	50150 cem		1522.05
1118B	334 #	gel		70.14
1111	269 #	salt		99.53
1110A	695 #	kolseal		319.70
1143	1/2 gal	ESA41		20.20
1401	1/2 gal	HE-100		23.63
4402	1	2 1/2 plug		28.00
<u>248129</u>				
			SALES TAX	156.77
			ESTIMATED TOTAL	3920.02

Revln 3737

AUTHORIZATION Jim Hoehn was there 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