



KANSAS CORPORATION COMMISSION 1078321
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 #: _____
02/20/2012 02/21/2012 02/23/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23807-00-00
Spot Description: _____
NW SE NW SE Sec. 15 Twp. 14 S. R. 22 East West
1875 Feet from North / South Line of Section
1693 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 #: A1-6
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1011 Kelly Bushing: 1011
Total Depth: 920 Plug Back Total Depth: 878
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: 910
feet depth to: 0 w/ 132 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 Gombos Date: 04/12/2012



1078321

Operator Name: Altavista Energy, Inc. Lease Name: McCann B Well #: AI-6
 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>823</td> <td>+188</td> </tr> </table>	Name	Top	Datum	Bartlesville	823	+188
Name	Top	Datum					
Bartlesville	823	+188					

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	910	50/50 Poz	132	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	823-833 - 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-6
Lease Owner: Alta Vista

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

Commenced Spudding:
2/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
18	Lime	25
6	Shale	31
9	Lime	40
9	Shale	49
16	Lime	65
20	Shale	85
77	Lime	162
30	Shale	192
8	Lime	200
16	Shale	216
4	Shale & Lime	220
6	Lime	226
4	Shale	230
9	Lime	239
33	Shale	272
1	Lime	273
11	Shale	284
26	Lime	310
6	Shale	316
23	Lime	339
5	Shale	344
5	Lime	349
4	Shale	353
7	Lime	360
55	Shale	415
39	Sand	454
15	Shale	469
16	Sand	485
64	Shale	549
7	Lime	556
16	Shale	572
4	Lime	576
8	Shale	584
11	Lime	595
25	Shale	620
2	Lime	622
75	Shale	697
18	Sand	715
15	Shale	730

M: Carr B Farm: Johnson County

KS State: Well No. AI-6

Elevation 1011

Commenced Spuding Feb 20 2012

Finished Drilling Feb 23 20

Driller's Name Wesley Dillard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Scott Hutch

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TCS

15 14 22

(Section) (Township) (Range)
Distance from S line, 1875 ft.

Distance from E line, 1695 ft.

8 hrs

CASING AND TUBING RECORD

3 sacks

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 6 1/2" Set 21 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
878	25	Briff			
909	95	float		274	

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil-clay	7	
18	Lime	25	
6	shale	31	
9	Lime	40	
9	shale	49	
16	Lime	65	
20	shale	85	
77	Lime	162	
30	shale	192	
8	Lime	200	
16	shale	216	
4	shale & lime	220	
6	Lime	226	
4	shale	230	
9	Lime	239	
33	shale	272	
1	Lime	273	
11	shale	284	
26	Lime	310	
6	shale	316	
23	Lime	339	
5	shale	344	
5	Lime	349	
4	shale	353	
7	Lime	360	
55	shale	415	
39	sand	454	no oil

454

Thickness of Strata	Formation	Total Depth	Remarks
15	shale	469	
16	sand	485	no Oil
64	shale	549	
7	lime	556	
16	shale	572	
4	lime	576	
8	shale	584	
11	lime	595	
25	shale	620	
2	lime	622	
75	shale	697	
18	sand	715	odor no show
15	shale	730	
4	lime	734	
68	shale	802	
3	sand	805	no Oil
16	shale	821	
3	sand	824	50% Oil
1	sand	825	75% Oil
4	sand	829	5% Oil
3	sand	832	10% Oil
1	sand	834	50% Oil
10	sand	844	no Oil
2	sandy shale	846	no Oil
74	shale	920	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 # 248018

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-6
36491
SE 15 14 22 JO
2/23/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.40
1118B	PREMIUM GEL / BENTONITE	322.00	.2100	67.62
1111	SODIUM CHLORIDE (GRANULA	255.00	.3700	94.35
1110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
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)	30.00	4.00	120.00
495 CASING FOOTAGE	909.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1982.80 Freight: .00 Tax: 149.22 AR 3682.02
 Labor: .00 Misc: .00 Total: 3682.02
 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

TICKET NUMBER 36491

LOCATION Ottawa KS

FOREMAN Fred 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
2/23/12	3244	McCann "B" A1-6	SE 15	14	22	JO.
CUSTOMER			TRUCK#			
Mailing Address			DRIVER			
CITY			TRUCK#			
STATE			DRIVER			
ZIP CODE			TRUCK#			
Wellsville			DRIVER			
KS			TRUCK#			
66092			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 909' DRILL PIPE Baffle in TUBING @ 678 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug +
 DISPLACEMENT Sl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix Pump 1/2 Gal ESA-41 + 1/2 Gal H.E. 100 Polymer
Flush. Mix + Pump 100 # Premium Gel Flush. Mix + Pump 132 sks
50/50 Poz Mix Cement 2 1/2 Gal 5% Salt 5# Kol Seal/sk. Cement to
surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to
casing ~~in~~ Baffle in casing. Pressure to 800 # PSI. Release pressure
to set float valve. Shut in casing.

TDS Drilling Coes

Fred Mader

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
5407	1/2 Minimum	Ten Miles	548	175 ⁰⁰
5402	909'	Casing footage		N/C
55020	2 1/2 hrs	80 BBL Vac Truck	370	825 ⁰⁰
1124	132 sks	50/50 Poz Mix Cement		1445 ⁴⁰
1118B	322 #	Premium Gel		67 ⁶⁰
1111	255 #	Granulated Salt		94 ³⁵
1110A	600 #	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
1401	1/2 Gal	H.E-100 Polymer		23 ⁶⁰
<u>248018</u>				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				145 ²²
				3682 ⁰²

Rev'n 3737

AUTHORIZATION Wesley Dollard

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