



KANSAS CORPORATION COMMISSION 1080075
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>01/20/2012</u>	<u>01/24/2012</u>	<u>01/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25899-00-00
Spot Description: _____
SW NE NW SW Sec. 18 Twp. 16 S. R. 21 East West
2207 Feet from North / South Line of Section
4411 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Bivins Well #: A-20
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 975 Kelly Bushing: 975
Total Depth: 788 Plug Back Total Depth: 757
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 789
feet depth to: 0 w/ 96 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>05/02/2012</u>



1080075

Operator Name: Altavista Energy, Inc. Lease Name: Bivins Well #: A-20
 Sec. 18 Twp. 16 S. R. 21 East West County: Franklin

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Squirrel	731	+244
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

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	23	Portland	4	NA
Production	5.625	2.875	6	789	50/50 Poz	96	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	731-738 - 22 Perfs - 2" DML RTG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 04/24/2012 Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2				

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

Franklin County, KS
Well: Bivins A-20
Lease Owner: Alta Vista

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

Commenced Spudding:
1/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
29	Soil/Clay	29
25	Lime	54
8	Shale	62
10	Lime	72
3	Shale	75
17	Lime	92
42	Shale	134
16	Lime	150
82	Shale	232
23	Lime	255
23	Shale	278
6	Lime	284
21	Shale	305
5	Sandy Shale	310
2	Shale	312
9	Lime	321
8	Shale	329
1	Lime	330
18	Shale	348
24	Lime	372
8	Shale	380
25	Lime	405
3	Shale	408
3	Lime	411
4	Shale	415
5	Lime	420
48	Shale	468
5	Lime	473
99	Shale	572
5	Sandy Shale	577
3	Shale	580
8	Lime	588
9	Shale	597
6	Lime	603
10	Shale	613
7	Lime	620
13	Shale	633
3	Lime	636
8	Shale	644
8	Lime	652

Thickness of Strata	Formation	Total Depth	Remarks
29	soil/clay	29	
25	lime	54	
8	shale	62	
10	lime	72	
3	shale	75	
17	lime	92	
42	shale	134	
16	lime	150	
82	shale	232	
23	lime	255	
23	shale	278	
6	lime	284	
21	shale	305	
5	sandy shale	310	
2	shale	312	
9	lime	321	
8	shale	329	
1	lime	330	
18	shale	348	
24	lime	372	
8	shale	380	
25	lime	405	
3	shale	408	
3	lime	411	
4	shale	415	
5	lime	420	
48	shale	468	

468

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	473	
99	shale	572	
5	Lime	577	
3	shale	580	
8	Lime	588	
9	shale	597	
6	Lime	603	
10	shale	613	
7	Lime	620	
13	shale	633	
3	Lime	636	
8	shale	644	
8	Lime	652	
4	shale	656	
2	Lime	658	
12	shale	670	
4	Lime	674	
4	shale	678	
2	sand	680	
10	sand	690	sand 20% - 30% oil
8	sand	698	6%
2	sand	700	sand
6	sandy shale	706	
24.5	shale	730.5	
18.5	core	749	page - 8
50	shale	799	TD

BUCKEYE SUPPLY PIPE TALLEY

FROM <i>Am. Pipe & Foundry</i>				DATE <i>1/24/20</i>	
TO <i>The Lubbock Co.</i>				P.O. NO.	
TALLY OF:	SIZE <i>2 1/2"</i>	IN.	KIND <i>cast</i>	NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>
THREAD <i>6/11</i>		WEIGHT		CHG. NO.	
ON (R.R. OR TRUCK CO.)			CAR OR TRUCK NO.		

NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	30	00	7	00						
2	1	00	7	00						
3	1	00	7	00						
4	7	00	4	00						
5	1	00	1	00						
6										
7										
8	2	00								
9										
10	7	00								
11										
12	7	00								
13	7	00								
14	2	00								
15										
16	5	00								
17	7	00								
18	5	00								
19	2	00								
20	3	00								
Total	47	00	15	00						

TOTALS.	No. of Pieces <i>25</i>	Length <i>702</i>	FL <i>15</i>	Ins.
Remarks: <i>8.11.15 A20</i>				
Tallied by <i>T. A. T. Inc.</i>			Received By <i>TOS</i>	



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 # 247409

Invoice Date: 01/26/2012 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

BIVENS A-20
36832
SW 18 16 21 FR
01/24/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	96.00	10.9500	1051.20
1118B	PREMIUM GEL / BENTONITE	179.00	.2100	37.59
1111	SODIUM CHLORIDE (GRANULA	206.00	.3700	76.22
1110A	KOL SEAL (50# BAG)	480.00	.4600	220.80
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
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
495 CASING FOOTAGE	789.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1457.64 Freight: .00 Tax: 113.69 AR 3146.33
 Labor: .00 Misc: .00 Total: 3146.33
 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 36832

LOCATION Offshore

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-24-12	3244	Birkens A-20	SW 18	16	21	FK
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 #			

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>799</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>789</u>	DRILL PIPE	TUBING	OTHER <u>bf 757</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>4.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal polymer + 1/2 gal ESA 41 to condition hole. Mixed & pumped 96 wk 50/50 cem plus 5# Kaloseal, 5# salt, 2 1/2 gal per sack. Circulated cement. Flushed pump. Pumped plug to bottle @ 757. Well held 800 PSI. Set float. Closed valve.

TOS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	15	MILEAGE		60.00
5402	789	casing footage		—
5407	min	ton miles		350.00
5502C	1 1/2	80 vac		135.00
1124	96	50/50 cem		1051.20
118B3	179#	gel		37.59
111	206#	salt		76.22
112A	480#	Kaloseal		230.80
1143	1/2	ESA 41		20.20
1401	1/2	polymer		23.63
4402	1	2 1/2 plug		28.00
<u>207409</u>				

SALES TAX	113.69
ESTIMATED TOTAL	3146.33

NO COMPANY REP
VIM OK'd

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.