



KANSAS CORPORATION COMMISSION 1091600
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 #: _____
07/12/2012 07/16/2012 07/16/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-045-21798-00-00
Spot Description: _____
NW SE SW NW Sec. 1 Twp. 15 S. R. 20 East West
3135 Feet from North / South Line of Section
4530 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: Johnson Well #: A-44
Field Name: Baldwin
Producing Formation: Squirrel
Elevation: Ground: 1028 Kelly Bushing: 1028
Total Depth: 920 Plug Back Total Depth: 854
Amount of Surface Pipe Set and Cemented at: 49 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 886
feet depth to: 0 w/ 106 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 Garcia Date: 08/27/2012



1091600

Operator Name: Altavista Energy, Inc. Lease Name: Johnson Well #: A-44
 Sec. 1 Twp. 15 S. R. 20 East West County: Douglas

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 checked="" type="checkbox"/> Yes <input 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>Squirrel</td> <td>828</td> <td>+200</td> </tr> </table>	Name	Top	Datum	Squirrel	828	+200
Name	Top	Datum					
Squirrel	828	+200					

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	49	Portland	4	NA
Production	5.625	2.875	6	886	50/50 Poz	106	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 (Amount and Kind of Material Used)	Depth
3	828-836 - 25 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. 08/17/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
	1				

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Johnson A-44
Lease Owner:AltaVista

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

Commenced Spudding:
7/12/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-2	Soil-Clay	2
2	Lime	4
2	Clay	6
6	Shale	12
3	Lime	15
141	Shale	156
7	Lime	163
6	Shale	169
14	Lime	183
8	Shale	191
7	Lime	198
5	Shale	203
27	Lime	230
19	Shale	249
22	Lime	271
75	Shale	346
22	Lime	368
18	Shale	386
6	Lime	392
25	Shale	417
18	Lime	435
17	Shale	452
24	Lime	476
8	Shale	484
24	Lime	508
5	Shale	513
3	Lime	516
5	Shale	521
6	Lime	527
175	Shale	702
5	Lime	707
18	Shale	725
2	Lime	727
21	Shale	748
3	Lime	751
7	Shale	758
4	Lime	762
26	Shale	788
21	Shale & Lime	809
20	Sandy Shale	829

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. A-44

Farm Johnson

KS Douglas
(State) (County)

1 15 20
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-2	soil-clay	2	
2	Lime	4	
2	clay	6	
6	shale	12	
3	Lime	15	
141	shale	156	
7	Lime	163	
6	shale	169	
14	Lime	183	
8	shale	191	
7	Lime	198	
5	shale	203	
27	Lime	230	
19	shale	249	
22	Lime	271	
75	shale	346	
22	Lime	368	
18	shale	386	
6	Lime	392	
25	shale	417	
18	Lime	435	
17	shale	452	
24	Lime	476	
8	shale	484	
24	Lime	508	
5	shale	513	
3	Lime	516	



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 # 251315

Invoice Date: 07/17/2012 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

JOHNSON A-44
37451
1-15-20
07-16-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	106.00	10.9500	1160.70
1118B	PREMIUM GEL / BENTONITE	278.00	.2100	58.38
1111	SODIUM CHLORIDE (GRANULA	205.00	.3700	75.85
1110A	KOL SEAL (50# BAG)	530.00	.4600	243.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	884.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

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Parts: 1590.36 Freight: .00 Tax: 116.10 AR 3221.46
Labor: .00 Misc: .00 Total: 3221.46
Sublt: .00 Supplies: .00 Change: .00
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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

TICKET NUMBER 37451
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/16/12	3244	Johnson # A. 44	NW 1	15	20	DG.
CUSTOMER Alta Vista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4595 33 Highway			506	Fremad	Safety	WNY
CITY STATE ZIP CODE Wellsville KS 66092			495	Kai Car	KC	
			675	Kai Det	KD	
			558	Ryasin		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 684' DRILL PIPE Baffle in TUBING @ 852' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug + 32'
 DISPLACEMENT 5.14 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 1/2 Gal HE-100 Polymer Flush.
 Circulate well to condition hole. Mix & Pump 100# Gel
 Flush. Mix & pump 106 sks 50/50 Por Mix Cement 270 Gel
 5% salt 5" Kol 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.

TOS Drilling - Wes

Fred Maden

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	884	Casing footage		N/C
5407	Minimum	Tom Miles	558	350 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	135 ⁰⁰
1124	106 sks	50/50 Por Mix Cement		1160 ²⁰
1110B	278#	Premium Gel		583 ⁰⁰
1111	205#	Granulated Salt		75 ⁰⁰
1110A	530#	Kol Seal		243 ⁰⁰
4402	1	2 1/2" Rubber plug		25 ⁰⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁰⁰
			7.3%	SALES TAX
				11610
				ESTIMATED TOTAL
				322146

Revin 0737

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.

251315