



KANSAS CORPORATION COMMISSION 1095803
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 #: _____
09/04/2012 09/05/2012 09/05/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23913-00-00

Spot Description: _____
SW NE NW NE Sec. 25 Twp. 14 S. R. 21 East West
4825 Feet from North / South Line of Section
1905 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson
Lease Name: Narrow Tree Well #: AI-1
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1078 Kelly Bushing: 1078
Total Depth: 966 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 102 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ 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 Garrison Date: 10/08/2012



1095803

Operator Name: Altavista Energy, Inc. Lease Name: Narrow Tree Well #: AI-1
 Sec. 25 Twp. 14 S. R. 21 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<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>951</td> <td>+127</td> </tr> </table>	Name	Top	Datum	Bartlesville	951	+127
Name	Top	Datum					
Bartlesville	951	+127					

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
q	9.875	7	20	102	50/50 Poz	35	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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (Explain) _____	
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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Narrow Tree AI-1
Lease Owner: AltaVista

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

Commenced Spudding:
9/4/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
49	Red Sand	53
32	White Sand	85
51	Shale	136
25	Lime	161
6	Shale	167
9	Lime	176
7	Shale	183
23	Lime	206
20	Shale	226
19	Lime	245
11	Shale	256
14	Lime	270
27	Shale	297
15	Lime	312
16	Shale	328
11	Lime	339
25	Shale	354
8	Lime	362
11	Shale	373
11	Lime	384
34	Shale	418
24	Lime	442
6	Shale	448
24	Lime	472
5	Shale	477
4	Lime	481
5	Shale	486
4	Lime	490
175	Shale	665
3	Lime	668
2	Shale	670
6	Lime	676
6	Shale	682
4	Lime	686
4	Shale	690
5	Sand	695
133	Shale	828
6	Sand	834
3	Sandy Shale	837

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 x PSI x .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. A1-1

Farm Newlow Trce

KS Johnson
(State) (County)

25 14 21
(Section) (Township) (Range)

For Atavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
4	soil/clay	4	
49	red sand	53	water 30
32	white sand	85	
51	shale	136	
25	Lime	161	
6	shale	167	
9	Lime	176	
7	shale	183	
23	Lime	206	
20	shale	226	
19	Lime	245	
11	shale	256	
14	Lime	270	
27	shale	297	
15	Lime	312	
16	shale	328	
11	Lime	339	
15	shale	354	
8	Lime	362	
21	shale	373	
21	Lime	394	
24	shale	418	
24	Lime	442	
6	shale	448	
24	Lime	472	
5	shale	477	
4	Lime	481	



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 # 252656

Invoice Date: 09/11/2012 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

NARROW TREE AI-1
39612
25-14-21
09-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	10.9500	383.25
1118B	PREMIUM GEL / BENTONITE	59.00	.2100	12.39
1111	SODIUM CHLORIDE (GRANULA	68.00	.3700	25.16
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50
Description		Hours	Unit Price	Total
368	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
368	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368	CASING FOOTAGE	102.00	.00	.00
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 501.30 Freight: .00 Tax: 37.72 AR 2014.02
Labor: .00 Misc: .00 Total: 2014.02
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39612
LOCATION Ottawa
FOREMAN Alan Maden

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
9-7-12	3244	Narrow Tree #1	NF 25	14	21	JS
CUSTOMER			TRUCK #			
Alta Vista Energy			516			
MAILING ADDRESS			DRIVER			
P.O. Box 128			Alan Maden			
CITY	STATE	ZIP CODE	TRUCK #			
Wellsville	KS	66092	368			
JOB TYPE			DRIVER			
Surface			Alan Maden			
HOLE SIZE			TRUCK #			
9 1/2			369			
HOLE DEPTH			DRIVER			
110			Don Maden			
CASING SIZE & WEIGHT			TRUCK #			
			548			
CASING DEPTH			DRIVER			
102			Mik Hagg			
SLURRY WEIGHT			CEMENT LEFT in CASING			
			YES			
SLURRY VOL			RATE			
			4 1/4 gpm			
DISPLACEMENT			DISPLACEMENT PSI			
4 1/4			200			
DISPLACEMENT PSI			MIX PSI			
200						

REMARKS: Held crew meet. Established rate. Mixed & pumped 35 sk 50 150 cement, plus 5# gel seal, 5% salt, 2% gel per sacks. Circulated cement. Displaced casing with clean water.

TDS, Chad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	360	825.00
5406	30	MILEAGE	368	120.00
5402	102'	casing footage	368	
5407	Mix	ten miles	548	350.00
55026	2	80 vac	365	180.00
1124	35	50 150 cement		383.25
1118B	59 #	gel		12.39
1111	68 #	Salt		25.16
1110A	175 #	gel seal		80.50
SCANNED				
				SALES TAX
				37.12
				ESTIMATED TOTAL
				2014.02

Revin 3737
AUTHORIZATION no company rep TITLE _____ DATE _____
Jim Oksid

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.

2526.56



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 # 252673

Invoice Date: 09/11/2012 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

NARROW TREE AI-1
39633
25-14-21
09-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	61.00	10.9500	667.95
1118B	PREMIUM GEL / BENTONITE	307.00	.2100	64.47

Description	Hours	Unit Price	Total
368 P & A NEW WELL	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	732.42	Freight:	.00	Tax:	55.11	AR	2467.53
Labor:	.00	Misc:	.00	Total:	2467.53		
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

