



KANSAS CORPORATION COMMISSION 1100407
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>10/10/2012</u>	<u>10/12/2012</u>	<u>10/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21834-00-00

Spot Description: _____
SW_NW_NW_SW Sec. 1 Twp. 15 S. R. 20 East West
2145 Feet from North / South Line of Section
5195 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas

Lease Name: Baldwin Unit Well #: A-21

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1050 Kelly Bushing: 1050

Total Depth: 900 Plug Back Total Depth: 833

Amount of Surface Pipe Set and Cemented at: 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 865

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 Garcia Date: 11/13/2012



1100407

Operator Name: Altavista Energy, Inc. Lease Name: Baldwin Unit Well #: A-21
 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>807</td> <td>+243</td> </tr> </table>	Name	Top	Datum	Squirrel	807	+243
Name	Top	Datum					
Squirrel	807	+243					

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	19	43	Portland	5	NA
Production	5.625	2.875	7	865	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	807-817 - 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. 10/29/2012	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 Bbls. 2	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS ~~Unit~~ ^{West} A-21 Town Oilfield Service, Inc.
 Well: Baldwin ~~West~~ A-21 (913) 837-8400
 Lease Owner: AltaVista

Commenced Spudding:
 10/10/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-17	Soil-Clay	17
2	Lime	19
146	Shale	165
7	Lime	172
8	Shale	180
14	Lime	194
8	Shale	202
7	Lime	209
6	Shale	215
22	Lime	237
23	Shale	260
18	Lime	278
74	Shale	352
22	Lime	374
19	Shale	393
7	Lime	400
22	Shale	422
19	Lime	441
17	Shale	458
8	Lime	466
1	Shale	467
15	Lime	482
10	Shale	492
22	Lime	514
4	Shale	518
4	Lime	522
4	Shale	526
6	Lime	532
172	Shale	704
6	Lime	710
16	Shale	726
5	Lime	731
18	Shale	749
3	Lime	752
44	Shale and Lime	796
1	Lime	797
4	Shale	801
3	Sandy Shale & Lime	804
2	Sand	806
0.5	Sand	806.5

Log Book

Well No. A-21

Farm Baldwin Unit

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
0-17	soil clay	17	
2	Lime	19	
146	shale	165	
7	Lime	172	
8	shale	180	
14	Lime	194	
8	Shale	202	
7	Lime	209	
6	shale	215	
22	Lime	237	
23	shale	260	
18	Lime	278	
74	Shale	352	
22	Lime	374	
19	shale	393	
7	Lime	400	
22	shale	422	
19	Lime	441	
17	shale	458	
8	Lime	466	
1	shale	467	
15	Lime	482	
10	shale	492	
22	Lime	514	
4	shale	518	
4	Lime	522	
4	shale	526	



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 # 253689

Invoice Date: 10/17/2012 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785)883-4057

BALDWIN UNIT A-21
35039
2-15-20
10-12-2012
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
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
495 CASING FOOTAGE	865.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1962.60 Freight: .00 Tax: 143.27 AR 3765.87
 Labor: .00 Misc: .00 Total: 3765.87
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35039

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
10/12/12	3244	Baldwin Unit # A-21	SW 2	15	20	DG
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Mailing Address			506 Fred Mader Safety Mdr			
CITY STATE ZIP CODE			495 Kai Car KC 0			
Wellsville KS 66092			370 Jas Ric JR			
			558 Bre Man BM			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 900' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 865' DRILL PIPE Baffle in TUBING @ 833' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2' Plg + 32'
 DISPLACEMENT 4.87 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100* Gal Flush. Mix & Pump
132 sks 50/50 Por Mix Cement 2% Gal 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020 ⁰⁰
5406	25	MILEAGE	495	100 ⁰⁰
5402	665	Casing footage	0	N/C
5407	Minimum	Ton Miles	358	350 ⁰⁰
5502c	2 hrs	60 BBL Vac Truck	370	180 ⁰⁰
1124	132 sks	50/50 Por Mix Cement		1445 ⁴⁵
1116B	322#	Premium Gel		67 ⁶²
1111	255#	Granulated Salt		94 ³⁵
1110A	1660#	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
			7.3%	SALES TAX
				ESTIMATED
				TOTAL
				143.07
				3765.87

Revin 3737

AUTHORIZATION No Co. Rep on site. 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.

253689