



KANSAS CORPORATION COMMISSION 1060640
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1060640

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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				

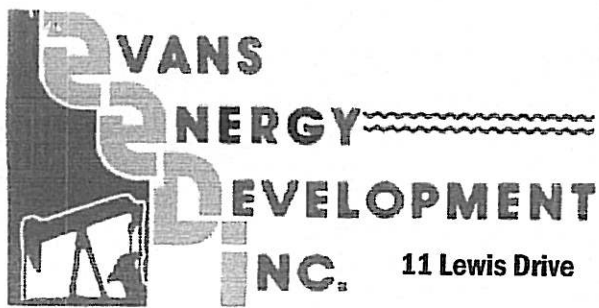
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Altavista Energy, Inc.

Jim Bell #A-2

API # 15-045-21,723

June 13 - June 15, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
3	shale	15
4	lime	19
7	shale	26
4	lime	30
139	shale	169
5	lime	174
7	shale	181
15	lime	196
7	shale	203
47	lime	250
10	shale	260
20	lime	280
72	shale	352
2	lime	354
2	shale	356
18	lime	374
16	shale	390
12	lime	402
21	shale	423
26	lime	449
18	shale	467
18	lime	485
7	shale	492
25	lime	517
193	shale	710
5	lime	715
10	shale	725
3	lime	728
16	shale	744
11	lime	755
5	shale	760
11	lime	771
20	shale	791
3	lime	794
8	shale	802
6	sand	808 lite brown, lite odor
3	grey sand	811

2	brown sand	813	lite odor, no show
15	grey sand	828	
1	broken sand	829	lite odor, oil show
3.5	grey sand	832.5	
2.5	broken sand	835	50% bleeding sand, 50% silty shale good bleeding
5	oil sand	840	
2	broken sand	842	60% bleeding sand, 40% silty shale good bleeding
6	oil sand	848	
0.5	grey sand	848.5	
4	oil sand	852.5	
5.5	broken sand	858	real dark, laminated
4	shale	862	
3	limey shale	865	
65	shale	930	TD

Drilled a 9 7/8" hole to 41.7'

Drilled a 5 5/8" hole to 930'

Set 41.7' of 7" surface casing cemented with 8 sacks of cement.

Set 919' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffle one seating nipple and one clamp.

Core Times					
	<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>
828		29	849		16
829		31	850		24
830		18	851		21
831		19	852		25
832		32	853		25
833		30	854		28
834		32	855		26
835		31	856		28
836		32	857		20
837		30	858		50
838		24	859		51
839		28	860		37
840		36	861		42
841		37	862		33
842		31	863		21
843		33	864		31
844		33	865		34
845		34	866		37
846		33	867	2	44
847		32	868	2	40
848		27			



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 # 242080

Invoice Date: 06/22/2011 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

J. BELL A-2
32608
NW 1-15-20 DG
06/15/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	10.4500	1337.60
1118B	PREMIUM GEL / BENTONITE	315.00	.2000	63.00
1111	GRANULATED SALT (50 #)	248.00	.3500	86.80
1110A	KOL SEAL (50# BAG)	640.00	.4400	281.60
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
495 CASING FOOTAGE	919.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	1840.83	Freight:	.00	Tax:	134.38	AR	3604.21
Labor:	.00	Misc:	.00	Total:	3604.21		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32608
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
6/15/11	3244	J Bell # A-2	NW 1	15	20	DG
CUSTOMER			TRUCK #			
Alta Vista Energy			506	Fred	Safety	MW
MAILING ADDRESS			495	Casey	CIC	
P.O. Box 128			505/T106	Arken	ARM	
CITY			510	Derek	DM	
Wellsville		STATE	ZIP CODE			
KS		66092				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 919' DRILL PIPE Baffle in TUBING @ 889 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING + Plug
 DISPLACEMENT 5.178 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix & Pump 1/2 Gal ESA-41 & 1/2 Gal NE-100
 Polymer Flush. Circulate from pit to condition hole.
 Mix & Pump 128 sks 50/50 per Mix Cement 2% Gel 5% Salt 5# Kol Seal
 per sack. Cement to surface Flush pump & lines clean. Displace
 2 1/2" Rubber plug to Baffle in casing w/ 5.0 BBL fresh water. Pressure
 to 800# PSI. Release pressure to set float valve skid in casing.

Evans Energy Dev. Inc.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	25 mi	MILEAGE		100 ⁰⁰
5402	919'	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5501C	2 hrs	Transport		224 ⁰⁰
1124	128 sks	50/50 per Mix Cement		1327 ⁶⁰
1118B	315 #	Premium Gel		63 ⁰⁰
111	248 #	Granulated Salt		86 ⁸⁰
1110B	640 #	Kol Seal		281 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
1401	1/2 Gal	NE 100 Polymer		25 ⁶⁰
		WO# 242080		
		7.3%	SALES TAX	134 ³⁸
			ESTIMATED TOTAL	3604 ²⁸

Ravin 3737

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.