



KANSAS CORPORATION COMMISSION 1060641
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: _____



1060641

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				

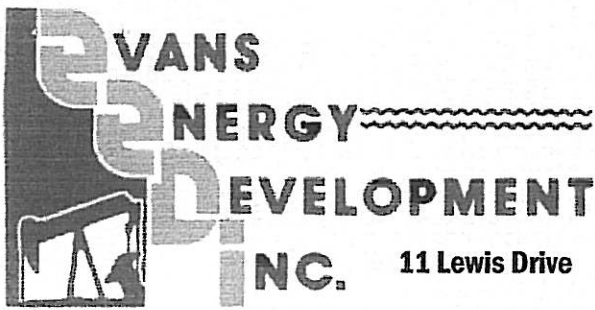
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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EVANS
ENERGY
DEVELOPMENT
INC.

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-3

API # 15-045-21,726

June 18 - June 20, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
4	shale	15
5	lime	20
139	shale	159
5	lime	164
10	shale	174
11	lime	185
6	shale	194
7	lime	201
8	shale	209
26	lime	235
18	shale	253
18	lime	271
73	shale	344
27	lime	371
11	shale	382
11	lime	393
23	shale	416
18	lime	434
17	shale	451
24	lime	475
13	shale	488
20	lime	508
12	shale	520
5	lime	525
167	shale	692
13	lime	705
35	shale	740
6	lime	746
56	shale	802
3	grey sand	805
5	brown sand	810 light brown, light odor
3	grey sand	813
10	brown sand	823 light brown, light odor
5	broken sand	828
2	oil sand	830 bleeding
7	broken sand	837 50% bleeding sand, 50% silty shale
10	oil sand	847 good bleeding

3	broken sand	850
3	dark grey sand	853
73	shale	926 TD

Drilled a 9 7/8" hole to 42'
Drilled a 5 5/8" hole to 926'

Set 42' of 7" surface casing cemented with 8 sacks of cement.

Set 914' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffle and 1 seating nipple.

Core Times				
	<u>Minutes</u>	<u>Seconds</u>	<u>Minutes</u>	<u>Seconds</u>
823		35	844	1 1
824		41	845	52
825		52	846	53
826		41	847	49
827		3	848	33
828		32	849	32
829		29	850	56
830		26	851	55
831		28	852	44
832		24	853	46
833		29	854	49
834		30	855	47
835		32	856	46
836		23	857	49
837		29	858	48
838		30	859	45
839		32	860	45
840		27	861	49
841		32		
842		33		
843		33		



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 # 242094

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Invoice Date: 06/22/2011 Terms: 0/0/30,n/30 Page 1
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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

J. BELL A-3`
32615
NW 1-15-20 DG
06/20/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	10.4500	1337.60
1118B	PREMIUM GEL / BENTONITE	215.00	.2000	43.00
1111	GRANULATED SALT (50 #)	250.00	.3500	87.50
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
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	914.00	.00	.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 1821.53 Freight: .00 Tax: 132.97 AR 3484.50
Labor: .00 Misc: .00 Total: 3484.50
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 32615
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/20/11	3244	J. Bell # A-3	Bw 1	15	20	DG.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy			506	Fred	Safety	Mary
MAILING ADDRESS			495	Casey	CK	
P.O. Box 128			370	Arden	ARM	
CITY	STATE	ZIP CODE	510	Gary	GAM	
Wellsville	KS	66092				

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 930' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 914' DRILL PIPE Baffle in TUBING @ 804' OTHER _____
 SLURRY WEIGHT _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 5.1438 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 1/2 Gal ESA 41 + 1/2 Gal HE 700
 Polymer Flush. Circulate from pit to condition hole. Mix &
 Pump 128 sks 50/50 Poz Mix Cement 270 Gal 5% Salt 5 # Gal
 Seal/sack. Cement to surface. Flush pump & lines clean.
 Displace 2 1/2" Rubber plug to Baffle w/ 5.1438 gal fresh water.
 Pressure to 800# PSI. Release pressure to set float
 valve. Shut 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		975 ⁰⁰
5406	0	MILEAGE Truck on lease		N/C
5402	914	Casing footage		N/C
5407	minimum	Ten Miles		330 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁹
1124	128 sks	50/50 Poz Mix Cement		1337 ⁶⁰
1118B	215 #	Premium Gel		43 ⁰⁰
1111	250 #	Granu lated Salt		87 ⁵⁹
110A	640 #	Kal Seal		281 ⁶⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁹
1173	1/2 Gal	ESA 41		20 ²⁰
1401	1/2 Gal	HE 700 Polymer		23 ⁶³
		WD# 242094		
			7.3%	SALES TAX
				ESTIMATED
				TOTAL
				132 ²⁸
				3484 ⁵⁰

Ravin 3737

AUTHORIZATION V. Mitchell Roper 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 for