

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1064268

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Feast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
-	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	Lo		n (Top), Depth an	d Datum Top	Sample Datum
Samples Sent to Geolog	ical Survey	Yes No		0		iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes No</pre> NoYes NoNo					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge P Each Interval		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed I	Product	on, SWD or ENH	<i>₹</i> .	Producing N	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			I							
DISPOSITIC	ON OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC	-18.)		Other (Specify)						



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG Altavista Energy, Inc. Wise # A-4 API # 15-091-23,526 August 8 - August 9, 2011

Paola, KS 66071

Thickness of Strata	Formation	Total
8	soil & clay	8
26	shale	34
6	lime	40
4	sandstone	44
16	lime	60
7	shale	67
8	lime	75
16	shale	91
4	lime	95
25	shale	120
68	lime	188
37	shale	225
6	lime	231
17	shale	248
7	lime	255
5	shale	260
11	lime	271
42	shale	313
26	lime	339
10	shale	349
31	lime	380
3	shale	383
7	lime	390
4	shale	394
10	lime	404 base of the Kansas City
161	shale	565
4	lime	569
12	shale	581
4	lime	585
20	shale	605
5	lime	610
9	shale	619
7	lime	626
25	shale	651

Wise #A-4	Page 2
2	lime 653
139	shale 792
2	lime 794
66	shale 860
2	oil sand 862
2	shale 864 look at 860-862
10	grey sand 874 perforate 876-881
2	shale 876
3	broken sand 879
2	oil sand 881
50	shale 931 TD

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Drilled a 9 7/8" hole to 22.1' Drilled a 5 5/8" hole to 931'

Set 22.1' of 7" surface casing cemented with 6 sacks of cement.

Set 921.75' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 seating nipple, and 1 clamp.

Wise #A-4

	Core Times	
	Minutes	Seconds
862		24
863		26
864		53
865		24
866		21
867		24
868		24
869		26
870		24
871		25
872		25
873		30
874		31
875		38
876		35
877		32
878		31
879		38 .
880		51

Page 3

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and a second a second a second a				-
Oil Well Services, LLC	REMI Consolidated Oil W Dept. P.O. Box Houston, TX	ell Services, LLC 970 4346	۲ Chanut 620/431-9210 • 1-8	MAIN OFFICE P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	243338
	erms: 0/0/30,n/3		================= Pa	============ age 1
ALTAVISTA ENERGY INC 4595 K-33 HIGHWAY P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057		WISE A-4 32768 JO 08/09/2011 KS		
1118BPREMIUM1111GRANULAT1110AKOL SEAL	ion Z CEMENT MIX GEL / BENTONITE ED SALT (50 #) (50# BAG) UBBER PLUG	Qty 131.00 220.00 275.00 655.00 1.00		Total 1368.95 44.00 96.25 288.20 28.00
Description 495 CEMENT PUMP 495 EQUIPMENT MILEAGE (ONE 495 CASING FOOTAGE 503 MIN. BULK DELIVERY 505 WATER TRANSPORT (CEMENT		Hours 1.00 30.00 921.00 1.00 2.00	Unit Price 975.00 4.00 .00 330.00 112.00	Total 975.00 120.00 .00 330.00 224.00

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Parts:	1825.40	Freight:	.00	Tax:	137.36	AR	3611.76
Labor:	.00	Misc:	.00	Total:	3611.76		
Sublt:	.00	Supplies:	.00	Change:	.00		
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Signed

BARTLESVILLE, OK 918/338-0808

GILLETTE, WY 307/686-4914

Oakley, KS 785/672-2227

Оттаwа, Ks 785/242-4044

Date

WORLAND, WY 307/347-4577

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	Oil Well Services, LLC			LOCATION		5 10	<u> </u>
				FOREMAN	4	- ad	-
20-431-9210	Chanute, KS 66720 F or 800-467-8676	IELD TICKET & TRE		ORT	megicen	neary	
DATE	CUSTOMER # V	VELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE		UNTY
19/11	3244 Wis	0 A-4			TONGE		
JSTOMER					and the local data	20	
AILING ADDR	rista Evergy		TRUCK #	DRIVER	TRUCK #		IVER
		*	389	Casken	ck		
TY	Sox 128	1710.0001	495	Harbec	HB		
Jellou	ile KS		503	CecPar	CHP		
		66092	505-1106	ArlMcD	ARM		
	HOLE SIZE	JS/8 HOLE DEPT	гн <u>930'</u>	CASING SIZE &		8" EU	E
SING DEPTH		TUBING			OTHER		
	FORIT		/sk	CEMENT LEFT I	n CASING	"nobs	er p
MARKS: h		· · · · · · · · · · · · · · · · · · ·		RATE 5.50	som		
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Mr. 5	12 gal HE-100 -		ition hole	, mixed	+ surres	PIZI	st
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SULAC	e, flushed pur	o clean, displaced	1 21/2" rub	ber plus	to carine		
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ACCOUNT			4	P/			
ACCOUNT	QUANITY or UNITS	DESCRIPTION o	f SERVICES or PRO				
CODE	QUANITY or UNITS		1		UNIT PRICE		
CODE	QUANITY or UNITS	PUMP CHARGE Cure		495	UNIT PRICE	975	. 00
CODE 401 406 402	/ 30	PUMP CHARGE Cure MILEAGE puns t	ut pump		UNIT PRICE	тот 97 /20	
CODE 401 406 402 407	1 30 921'	PUMP CHARGE Cure MILEAGE pump t casing foo	nt punp ruck tage	495		97	.00
CODE 401 406 402 407	/ 30 921' Minimum	PUMP CHARGE Cure MILEAGE pump t casing foo	ut punp ruck tage	495	UNIT PRICE	975	.00
CODE 401 406 402 402	1 30 921'	PUMP CHARGE Cure MILEAGE pump t casing foo	ut punp ruck tage	495		97	.00
CODE 401 406 402 402	/ 30 921' Minimum	PUMP CHARGE Cure MILEAGE pump t casing foo	ut punp ruck tage	495		975	.00
CODE 401 406 402 407 561C	1 30 921' Minimum 2 hrs	PUMP CHARGE Cure MILEAGE pump t casing foo ton ruleage water tran	ut punp ruck lage e sport	495		975 120 	
CODE 401 406 402 407 501C	/ 30 921' Minimum 2 hrs (31 sts	PUMP CHARGE Cure MILEAGE pump t casing foo ton ruleag water tran	it pump ruck lage sport ix cement	495		975 120 330 224	. ce 1.00
CODE 401 406 402 407 501C 24 18 B	/ 30 921' minimum 2 hrs 131 sts 220 #	PUMP CHARGE Cure MILEAGE pump t casing foo ton ruleage usater tran	ut punp ruck lage e sport	495		975 120 330 224 1368 44	. 00 . 00 . 00
CODE 401 406 402 407 501C 24 18 B 11	/ 30 921' Minimum 2 hrs 2 hrs (31 sts 220 # 220 #	PUMP CHARGE Cure MILEAGE pump t casing foo ton ruleag usater tran Solso Popu Premium G Salt	it pump ruck lage sport ix cement	495		975 120 330 224 1368 44	. 00 . 00 . 00
CODE 401 406 402 407 501C 24 18 B 11 10 A	/ 30 921' minimum 2 hrs 131 sts 220 #	PUMP CHARGE Cure MILEAGE pump t casing foo ton infleag water tran Solso Porm Premium G Salt Kol Sen	it pump ruck tage e sport iz cement	495		975 120 330 224 1368 44	. 00 . 00 . 00
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ACCOUNT CODE 401 402 402 402 407 561C 24 18 8 11 10A 402	/ 30 921' Minimum 2 hrs 2 hrs (31 sts 220 # 220 #	PUMP CHARGE Cure MILEAGE pump t casing foo ton infleag water tran Solso Porm Premium G Salt Kol Sen	it punp ruck tage e sport ix cement rel plug 333	495	SALES TAX ESTIMATED	975 120 330 224 1368 44	. 00 . 00 . 00 . 00 . 25 . 20 . 36

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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.

1