



KANSAS CORPORATION COMMISSION 1081330
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: _____



1081330

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 |
|---|---|

| 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 | | | | |
| | | | | |

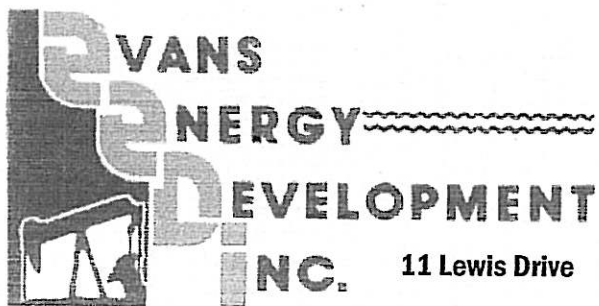
| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| 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: _____ _____ |
|---|---|--|



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.

Guetterman #A-3

API # 15-091-23,500

January 12 - January 13, 2012

| <u>Thickness of Strata</u> | <u>Formation</u> | <u>Total</u> |
|----------------------------|------------------|-----------------------------|
| 14 | soil & clay | 14 |
| 43 | shale | 57 |
| 5 | lime | 62 |
| 13 | shale | 75 |
| 16 | lime | 91 |
| 10 | shale | 101 |
| 8 | lime | 109 |
| 24 | shale | 133 |
| 5 | lime | 138 |
| 14 | shale | 152 |
| 19 | lime | 171 |
| 6 | shale | 177 |
| 49 | lime | 226 |
| 25 | shale | 251 |
| 12 | lime | 263 |
| 16 | shale | 279 |
| 5 | lime | 284 |
| 6 | shale | 290 |
| 9 | lime | 299 |
| 3 | shale | 302 |
| 4 | lime | 306 |
| 20 | shale | 326 |
| 5 | lime | 331 |
| 10 | shale | 341 |
| 27 | lime | 368 |
| 7 | shale | 375 |
| 20 | lime | 395 |
| 5 | shale | 400 |
| 14 | lime | 414 base of the Kansas City |
| 35 | shale | 449 |
| 5 | sand | 454 |
| 133 | shale | 587 |
| 4 | lime | 591 |
| 4 | shale | 595 |
| 3 | lime | 598 |
| 8 | shale | 606 |
| 9 | lime | 615 |
| 11 | shale | 626 |
| 5 | lime | 631 |

| | | |
|-----|-------------|---|
| 42 | shale | 673 |
| 2 | lime | 675 |
| 73 | shale | 748 |
| 9 | broken sand | 757 brown & grey sand, lite bleeding |
| 112 | shale | 869 |
| 3 | broken sand | 872 brown & white sand, lite bleeding 50% oil sand |
| 4 | oil sand | 876 black, good bleeding, good sand |
| 1 | broken sand | 877 brown & grey sand, a few bleeding seams 50% oil sand |
| 61 | shale | 938 TD |

Drilled a 9 7/8" hole to 21.3'

Drilled a 5 5/8" hole to 938'

Set 21.3' of 7" surface casing cemented with 5 sacks of cement.

Set 927.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, and 1 baffle.

| Core Times | | |
|------------|----------------|----------------|
| | <u>Minutes</u> | <u>Seconds</u> |
| 869 | | 40 |
| 870 | | 40 |
| 871 | 1 | 44 |
| 872 | | 46 |
| 873 | | 32 |
| 874 | | 24 |
| 875 | | 22 |
| 876 | | 25 |
| 877 | | 30 |
| 878 | | 37 |
| 879 | | 33 |
| 880 | | 37 |
| 881 | | 30 |
| 882 | | 34 |
| 883 | | 35 |
| 884 | | 34 |
| 885 | | 32 |
| 886 | | 34 |
| 887 | | 36 |
| 888 | | 35 |



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 # 247246

Invoice Date: 01/20/2012 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

GUETTERMAN A-3
36843
NW 17 14 22 JO
01/13/12
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 114.00 | 10.9500 | 1248.30 |
| 1118B | PREMIUM GEL / BENTONITE | 192.00 | .2100 | 40.32 |
| 1111 | SODIUM CHLORIDE (GRANULA | 220.00 | .3700 | 81.40 |
| 1110A | KOL SEAL (50# BAG) | 570.00 | .4600 | 262.20 |
| 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) | 2.00 | 90.00 | 180.00 |
| 495 CEMENT PUMP | 1.00 | 1030.00 | 1030.00 |
| 495 EQUIPMENT MILEAGE (ONE WAY) | 30.00 | 4.00 | 120.00 |
| 495 CASING FOOTAGE | 928.00 | .00 | .00 |
| 503 MIN. BULK DELIVERY | 1.00 | 350.00 | 350.00 |

Parts: 1704.05 Freight: .00 Tax: 128.23 AR 3512.28
 Labor: .00 Misc: .00 Total: 3512.28
 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 36843

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|--------------------------|--------------------|------------|---------------|---------------|------------|
| 1/13/12 | 3244 | Guehlerman # A-3 | NW 17 | 14 | 22 | JO |
| CUSTOMER <u>Alta Vista Energy</u> | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS <u>4595 33rd Hwy</u> | | | <u>506</u> | <u>FREMAD</u> | <u>Safety</u> | <u>WCH</u> |
| CITY <u>Wellsville</u> | | | <u>495</u> | <u>HARBEC</u> | | |
| STATE <u>KS</u> | ZIP CODE <u>66092</u> | | <u>370</u> | <u>GARMOD</u> | | |
| | | | <u>503</u> | <u>KEIDET</u> | | |

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 928 DRILL PIPE Baffle in TUBING @ 897 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 521 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100
polymer Flush. Circulate well to condition hole. Mix & Pump
114 sks 50/50 Poz Mix Cement 270 gal 5% Salt 5# Kol Seal/sk.
Cement to Surface. Flush pump & lines clean. Displace 2 1/2"
rubber plug to Baffle increasing. Pressure to 800# PSI.
Release pressure to set float valve shot in casing.

Evans Energy Dev. Inc (Travis)

Fred Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|---------------|-------------------|------------------------------------|------------|--------------------|
| 5401 | 1 | PUMP CHARGE | 495 | 1030 ⁰⁰ |
| 5406 | 30 mi | MILEAGE | 495 | 120 ⁰⁰ |
| 5402 | 928 | Casing footage | | N/C |
| 5407 | Minimum | Ton Miles | | 350 ⁰⁰ |
| 5502C | 2 hrs | 80 BBL Vac Truck | 370 | 180 ⁰⁰ |
| 1124 | 114.5 sks | 50/50 Poz Mix Cement | | 1248 ³⁰ |
| 1118B | 192# | Premium Gel | | 40 ³² |
| 1117 | 220# | Granulated Salt | | 81 ⁴⁰ |
| 1110A | 570# | Kol Seal | | 262 ²⁰ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 28 ⁰⁰ |
| 1143 | 1/2 Gal | ESA-41 | | 20 ²⁰ |
| 1401 | 1/2 Gal | HE-100 Polymer | | 23 ⁶³ |
| <u>247246</u> | | | | |
| | | | 7525% | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 128 ²³ |
| | | | | 3512 ²⁸ |

Ravin 8737

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 fo