



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: _____



1081439

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				

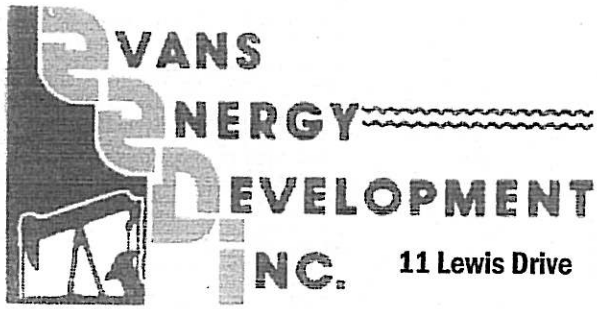
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 (Specify) _____ <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.
Guetterman #A-4
API # 15-091-23,501
January 17 - January 19, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
2	sand & clay	16
2	clay	18
43	shale	61
6	lime	67
14	shale	81
15	lime	96
7	shale	103
10	lime	113
9	shale	122
15	lime	137
20	shale	157
18	lime	175
7	shale	182
53	lime	235
21	shale	256
9	lime	265
18	shale	283
6	lime	289
6	shale	295
16	lime	311
24	shale	335
2	lime	337
10	shale	347
24	lime	371
7	shale	378
23	lime	401
3	shale	404
16	lime	420 base of the Kansas City
26	shale	446
6	sand	452
141	shale	593
13	lime	606
5	shale	611
4	lime	615
18	shale	633
3	lime	636

31	shale	667
3	lime	670
13	shale	683
13	lime	696
58	shale	754
9	broken sand	763 brown & grey sand, lite bleeding
116	shale	879
0.5	broken sand	879.05 brown & white sand, no bleeding
2.3	oil sand	881.8 black, good bleeding & good sand
0.4	broken sand	882.2 black & white sand, good bleeding
0.8	oil sand	883 black good bleeding & good sand
1	broken sand	884 black & grey sand, good bleeding
		90% oil sand
2	broken sand	886 brown & white sand, no bleeding
62	shale	948 TD

Drilled a 9 7/8" hole to 20.5'

Drilled a 5 5/8" hole to 948'

Set 20.5' of 7" surface casing cemented with 5 sacks of cement.

Set 937.8' 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>
880	1	6
881		49
882		57
883		20
884		24
885		27
886		29
887		33
888		39
889		34
890		39
891		3
892		36
893		39
894		35
895		38
896		49
897		48



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 # 247378

Invoice Date: 01/26/2012 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-4
36859
NW 20 14 22 JO
01/19/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	10.9500	1412.55
1118B	PREMIUM GEL / BENTONITE	217.00	.2100	45.57
1111	SODIUM CHLORIDE (GRANULA	250.00	.3700	92.50
1110A	KOL SEAL (50# BAG)	645.00	.4600	296.70
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	939.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1919.15	Freight:	.00	Tax:	144.42	AR	3788.57
Labor:	.00	Misc:	.00	Total:	3788.57		
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 36859

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/19/12	3244	Geulterman # A-4	nw 20	14	22	JO
CUSTOMER <u>Altavista Energy</u>			TRUCK#			
MAILING ADDRESS <u>4595 Hiway 33</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK#			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK#			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 939 DRILL PIPE Baffle in TUBING @ 908 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 5-28 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 B/PM

REMARKS: Wash down last Jt. Casing Mix 1/2 Gal ESA-41 + 1/2 Gal HE-150
Polymer Flush. Circulate to condition hole. Mix + Pump
129 sks 50/50 Por Mix Cement 290 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 value. Shut in casing.

Evans Energy Dev. Inc. (Travis)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1495	1030 ⁰⁰
5406	30mi	MILEAGE		720 ⁰⁰
5402	939	Casing footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
5502	2 1/2 hrs	80B Bl Vac Truck	369	225 ⁰⁰
1124	129 sks	50/50 Por Mix Cement		1412 ⁵⁵
115B	217#	Premium Cel		415 ⁵⁷
1111	250#	Granulated Salt		92 ⁵⁰
110A	645#	Kol Seal		2962 ⁰⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1407	1/2 Gal	HE-150 Polymer		53 ⁶³
			7.525	SALES TAX
				ESTIMATED
				TOTAL
				3788 ⁵⁷

Havin 3787

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