

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL
Form ACO-1
October 2008
Form Must Be Typed

JUL 19 2010

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 34350

Name: Altavista Energy, Inc.

Address 1: 4595 K-33 Highway

Address 2: PO BOX 128

City: Wellsville State: KS Zip: 66092 + _____

Contact Person: Phil Frick

Phone: (785) 883-4057

CONTRACTOR: License # 8509

Name: Evans Energy Development, Inc.

Wellsite Geologist: None

Purchaser: Kelly L. Maclaskey Oilfield Services, Inc.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil SWD SIOW
- Gas ENHR SIGW
- CM (Coal Bed Methane) Temp. Abd.
- Dry Other _____
(Core, WSW, Expl., Cathodic, 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

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

6/24/10 6/28/10 6/28/10

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

API No. 15 - 031-22600-0000

Spot Description: _____

NE SE SW SW Sec. 14 Twp. 22 S. R. 16 East West

495 Feet from North / South Line of Section

4125 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Coffey

Lease Name: Sauder Well #: 7

Field Name: Wildcat

Producing Formation: Squirrel

Elevation: Ground: 1037 est Kelly Bushing: NA

Total Depth: 1073' Plug Back Total Depth: 1063.0'

Amount of Surface Pipe Set and Cemented at: 56.0' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1063.0'

feet depth to: Surface w/ 129 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 No.: _____

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

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Phil Frick

Title: Associate Date: 7/15/10

Subscribed and sworn to before me this 15th day of JULY

20 10

Notary Public: Stacy J. Thyer

Date Commission Expires: 3-31-2011



KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

V Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

Att 2 - Dg - 7/20/10

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: 7
 Sec. 14 Twp. 22 S. R. 16 East West County: Coffey

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Squirrel 1010.5' +26.5' est <div style="text-align: center;"> RECEIVED JUL 19 2010 KCC WICHITA </div>
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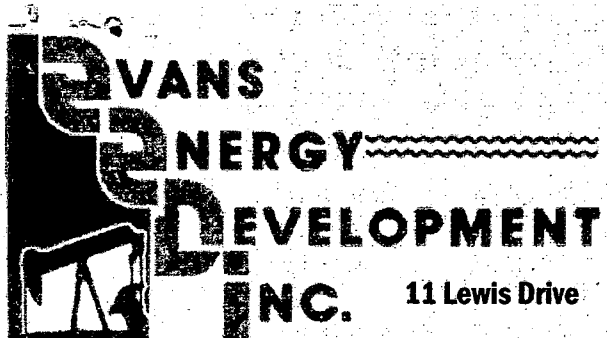
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	NA	56.0'	50/50 POZ	36	See Service Co. Ticket
Production	5 5/8"	2 7/8"	NA	1063.0'	50/50 POZ	129	See Service Co. Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
3 spf	1010.5 to 1020.5 - 31 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	1010.5-1020.5
		132 bbls City H2O	"
		300# 20/40 Brady Sand	"
		3700# 12/20 Brady Sand	"

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 7/14/10		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. 2.0	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <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.
Sauder #7
API# 15-031-22,600
June 24 - June 28, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
40	soil & clay	40
9	gravel	49
170	shale	219
20	lime	239
8	shale	247
24	lime	271 water
93	shale	364
13	lime	377
4	shale	381
5	lime	386
28	shale	414
28	lime	442
19	shale	461
20	lime	481
10	shale	491
2	lime	493
43	shale	536
42	lime	578
24	shale	602
22	lime	624
12	shale	636
19	lime	655 base of Kansas City
153	shale	808
9	lime	817
4	shale	821
2	lime	823
4	shale	827
8	lime	835
33	shale	868
15	lime	883
9	shale	892
10	lime	902
7	shale	909
6	lime	915
25	shale	940
5	lime	945
19	shale	964
4	lime	968

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7	shale	975
2	lime	977
32	shale	1009
1	lime & shells	1010
1	shale	1011
7	oil sand	1018
3	broken sand	1021
4	silty shale	1025
48	shale	1073 TD

Drilled a 9 7/8" hole to 56'
Drilled a 5 5/8" hole to 1073'
Cored From 1011-1031'

Set 56' of 7" surface casing with 15 sacks gel, cemented by Consolidated Oil Services.

Set 1063' of 2 7/8" 8 round upset tubing threaded and coupled with 3 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, and 1 baffle.

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	<u>Minutes</u>	<u>Second</u>
1011		24
1012		23
1013		25
1014		29
1015		30
1016		25
1017		28
1018		29
1019		28
1020		40
1021		40
1022		39
1023		43
1024		7
1025		38
1026		45
1027		47
1028		48
1029		50
1030		18

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JUL 1 8 2010
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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 # 234925

Invoice Date: 06/28/2010 Terms: 0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

SAUDER 7
26975
SW 14-22-16 CF
06/24/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	36.00	9.5500	343.80
1118B	PREMIUM GEL / BENTONITE	67.00	.2000	13.40
1111	GRANULATED SALT (50 #)	84.00	.3200	26.88
1110A	KOL SEAL (50# BAG)	200.00	.4000	80.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	700.00	700.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	3.55	.00
368 CASING FOOTAGE	56.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	96.00	192.00
503 TON MILEAGE DELIVERY	75.60	1.20	90.72

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Parts:	464.08	Freight:	.00	Tax:	24.59	AR	1471.39
Labor:	.00	Misc:	.00	Total:	1471.39		
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 26975
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/28/10	3244	Sander #7	SW 14	22	16	CF
CUSTOMER Alta Vista						
MAILING ADDRESS P.O. Box 128						
CITY wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred	Safety Mtg	
			368	Ken	KH	
			369	Chuck	CWC	
			503	Derek	DM	

JOB TYPE Surface HOLE SIZE 9 1/2 HOLE DEPTH 56' CASING SIZE & WEIGHT 7"
 CASING DEPTH 56' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 2.148 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation thru 7" casing. Mix + Pump 40
SKS 50/50 Poz Mix Cement 2% Cell 5% Salt 5# Kol Seal
per sack. Cement to surface. Displace casing clean
w/ 2.25 BBL Fresh water. Shut in casing

Evans Energy Dev. Inc.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE Surface Cement		700 ⁰⁰
5406	~ 0-	MILEAGE Truck on lease		N/C
5402	56'	Casing Footage		N/C
5407A	75.6	Ton Miles	90 ⁷³	7500
5502C	2 hrs	80 BBL Vac Truck		192 ⁰⁰
1124	36 SKS	50/50 Poz Mix Cement		343 ⁸⁰
1118B	67 #	Premium Gred	RECEIVED	13 ⁴⁰
1111	84 #	Granulated Salt		26 ⁵⁸
1110A	200 #	Kol Seal	JUL 18 2010	80 ⁰⁰
				KCC WICHITA
				WO # 234925
				5.3%
				SALES TAX
				ESTIMATED
				TOTAL
				24 ⁵⁹
				1471 ³⁹

Revin 3737

AUTHORIZATION *[Signature]* 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.



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 # 234994

Invoice Date: 06/30/2010 Terms: 0/30,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

SAUDER 7
26954
SW 14-22-16 CF
06/28/2010

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	720.00	.4000	288.00
1111	GRANULATED SALT (50 #)	278.00	.3200	88.96
1118B	PREMIUM GEL / BENTONITE	242.00	.2000	48.40
1124	50/50 POZ CEMENT MIX	129.00	9.5500	1231.95
1143	SILT SUSPENDER SS-630,ES	.50	37.2500	18.63
1401	HE 100 POLYMER	.50	45.7500	22.88
4402	2 1/2" RUBBER PLUG	2.00	23.0000	46.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	900.00	900.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.55	159.75
368 CASING FOOTAGE	1063.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	96.00	240.00
503 TON MILEAGE DELIVERY	272.16	1.20	326.59

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Parts:	1744.82	Freight:	.00	Tax:	92.47	AR	3463.63
Labor:	.00	Misc:	.00	Total:	3463.63		
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 26954
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-10	3244	Sander #7	SW 14	22	16	CF
CUSTOMER <u>Altavista</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 126</u>			DRIVER			
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>	TRUCK #		
				DRIVER		
				<u>516 Alan M Safety Meeting</u>		
				<u>368 Ken H KH</u>		
				<u>370 Arlen Mc Ann</u>		
				<u>503 Derek M DM</u>		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1073 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 1063 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 6.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Held crew meeting. Established rate. Mixed and pumped 1/2 gal ESA 41 + 1/2 gal polymer with clean water. Circulated into new pit for 1 hr. Mixed + pumped 144 sk 50/50 p02 5# Kol-seal 5% salt, 2% gel. Circulated cement. Flushed pump. Pumped 2 2 1/2 plugs to casing TD. Well held 800 PSI. Set float. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	45	MILEAGE		159.75
5402	1063	casing footage		-
5407A	272.16	Ton miles		326.59
5502C	2 1/2	80 val		240.00
1104	720 #	Kol-seal	RECEIVED	288.00
1111	278 #	salt	JUL 19 2010	89.96
1118B	242 #	gel		48.40
1124	129 SK	50/50 p02	KCC WICHITA	1231.95
1123	1/2	ESA 41		18.63
1401	1/2	Polymer		22.88
1402	2	2 1/2 plug		46.00
WO# 234994				
SALES TAX				92.47
ESTIMATED TOTAL				3463.63

AUTHORIZATION *Kary D* 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.