

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL
JUL 19 2010
Form ACO-1
October 2008
Form Must Be Typed

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.)

API No. 15 - 031-22601-0000
Spot Description: _____
NE NE SW SW Sec. 14 Twp. 22 S. R. 16 East West
1155 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 #: 8
Field Name: Wildcat
Producing Formation: Squirrel
Elevation: Ground: 1039 est Kelly Bushing: NA
Total Depth: 1083' Plug Back Total Depth: 1039.0'
Amount of Surface Pipe Set and Cemented at: 71.6' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1073.0'
feet depth to: Surface w/ 118 sx cmt.

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.: _____
6/28/10 6/30/10 6/30/10
Spud Date or Date Reached TD Completion Date or Recompletion Date
Recompletion Date

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: [Signature]
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
NOTARY PUBLIC
STATE OF KANSAS
STACY J. THYER
My Appt. Exp. 3-31-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
Altavista - D/C - 7/20/10

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: 8
 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 1013.0' +26.0' est <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 19 2010 KCC WICHITA </div>
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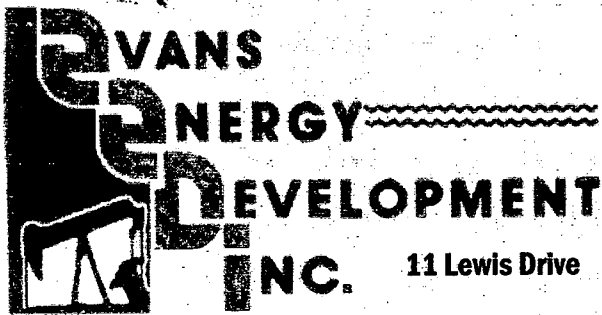
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	NA	71.6'	50/50 POZ	36	See Service Co. Ticket
Production	5 5/8"	2 7/8"	NA	1073.0'	50/50 POZ	118	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	1013.0 to 1023.0 - 31 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	1013.0-1023.0
		133 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 #8

API# 15-031-22,601

June 28 - June 30, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
30	soil & clay	30
7	gravel	37
7	clay	44
7	gravel	51
171	shale	222
52	lime	274
94	shale	368
12	lime	380
6	shale	386
5	lime	391
27	shale	418
8	lime	426
2	shale	428
10	lime	438
2	shale	440
16	lime	456
19	shale	475
4	lime	479
60	shale	539
57	lime	596
9	shale	605
20	lime	625
4	shale	629
8	lime	637
11	shale	648
5	lime	653 base of the Kansas City
160	shale	813
22	lime	835
12	shale	847
7	lime	854
40	shale	894
8	lime	902
21	shale	923
9	lime	932
8	shale	940
2	lime	942
21	shale	963
11	lime	974

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3	shale	977
7	lime	984
27	shale	1011
1	lime & shells	1012
3	shale	1015
6	oil sand	1021
2	broken sand	1023
10	silty shale	1033
50	shale	1083 TD

Drilled a 9 7/8" hole to 71.6'
Drilled a 5 5/8" hole to 1083'
Cored From 1014-1034'

Set 71.6' of 7" surface casing with 15 sacks gel, cemented by Consolidated Oil Services.

Set 1073' 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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Core Times	
<u>Minutes</u>	<u>Second</u>
1014	23
1015	16
1016	15
1017	45
1018	17
1019	20
1020	20
1021	19
1022	23
1023	24
1024	24
1025	29
1026	31
1027	26
1028	26
1029	26
1030	24
1031	26
1032	27
1033	34

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KCC WICHITA



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 # 234995

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 8
26955
SW 14-22-16 CF
06/28/2010

Part Number	Description	Qty	Unit	Price	Total
1110A	KOL SEAL (50# BAG)	200.00		.4000	80.00
1111	GRANULATED SALT (50 #)	77.00		.3200	24.64
1118B	PREMIUM GEL / BENTONITE	67.00		.2000	13.40
1124	50/50 POZ CEMENT MIX	36.00		9.5500	343.80
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	72.00		.00	.00
370	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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KCC WICHITA

Parts:	461.84	Freight:	.00	Tax:	24.48	AR	1469.04
Labor:	.00	Misc:	.00	Total:	1469.04		
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 26955
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-10	3244	Sander #8	SW 14	22	16	CF
CUSTOMER <u>Alta Vista</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	
JOB TYPE <u>Surf.</u>			HOLE SIZE <u>9 1/2</u>		HOLE DEPTH <u>72</u>	
CASING DEPTH <u>72</u>			DRILL PIPE		TUBING	
SLURRY WEIGHT			SLURRY VOL		WATER gal/sk	
DISPLACEMENT			DISPLACEMENT PSI		MIX PSI	
REMARKS: <u>Held crew meeting. Mixed + pumped HD 5x</u>			CEMENT LEFT in CASING <u>4.05</u>		RATE <u>4 bpm</u>	
<u>50/50 poz, 5# Kol-seal, 5% salt, 2% gel. Circulated</u>			<u>cement. Displaced casing with clean water.</u>			
<u>Closed valve.</u>						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		700.00
5406	72'	MILEAGE		—
5402	72'	Casing footage		—
5407A	75.6	ten miles		90.72
5502C	2	80 x 46		192.00
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1110A	200#	Kol-seal	JUL 18 2010	80.00
1111	77#	Salt		24.64
1118B	67#	gel	KCC WICHITA	13.40
1124	36 sk	50/50 poz		343.80
WDT# 234995				
				5.3%
SALES TAX				24.48
ESTIMATED TOTAL				1469.04

Ravin 3737

AUTHORIZATION [Signature]

TITLE U

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 # 235036

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 8
26957
SW 14-22-16 CF
06/30/2010

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	655.00	.4000	262.00
1111	GRANULATED SALT (50 #)	253.00	.3200	80.96
1118B	PREMIUM GEL / BENTONITE	220.00	.2000	44.00
1124	50/50 POZ CEMENT MIX	118.00	9.5500	1126.90
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
1143	SILT SUSPENDER SS-630,ES	.50	37.2500	18.63
1401	HE 100 POLYMER	.50	45.7500	22.88

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	1068.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	96.00	240.00
548 TON MILEAGE DELIVERY	247.59	1.20	297.11

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KCC WICHITA

Parts:	1578.37	Freight:	.00	Tax:	83.66	AR	3258.89
Labor:	.00	Misc:	.00	Total:	3258.89		
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 26957
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6-30-10	3244	Sander 8	SW 14	22	16	CF			
CUSTOMER <u>Altavista</u>									
MAILING ADDRESS <u>P.O. Box 128</u>									
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>516</u>		<u>Alan M</u>		<u>Satrey</u>		<u>Meeting</u>	
		<u>368</u>		<u>K Hamic</u>		<u>KH</u>			
		<u>370</u>		<u>Derek M</u>					
		<u>548</u>		<u>Cecil P</u>		<u>CHP</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1083 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 1008 DRILL PIPE _____ TUBING _____ OTHER baffle 1036
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1.6 bpm

REMARKS: held crew meeting. Established rate. Mixed + pumped 1/2 gal PSA41 + 1/2 gal polymer. Circulated into clean pit for 1 hr. Mixed + pumped 131 sk 50150 poz. 54 Kol seal, 7/2 salt, 2 gal gel. Circulated cement. Flushed pump, pumped plug to baffle @ 1036. 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		259.25
5402	1068	casing footage		
5407A	247.59	ton miles		297.11
5502C	2 1/2	BD val	RECEIVED	240.00
			JUL 19 2010	
1110A	655 #	Kol seal	KCC WICHITA	262.00
111	253 #	salt		80.96
1118B	220 #	gel		74.00
1124	118 sk	50150 poz		1126.90
4402	1	2 1/2 plug		23.00
1143	1/2 gal	PSA41		18.63
1401	1/2 gal	polymer		22.88
		<u>NOT# 235036</u>		
			SALES TAX	83.66
			ESTIMATED TOTAL	3258.89

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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.