

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 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.

API No. 15 - 031-22669-0000
Spot Description: _____
NE SW NE SW Sec. 14 Twp. 22 S. R. 16 East West
1,815 Feet from North / South Line of Section
3,465 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Marjorie Crotts Well #: 10
Field Name: Wildcat
Producing Formation: Squirrel

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.): _____

Elevation: Ground: 1037 est Kelly Bushing: NA
Total Depth: 1080.0' Plug Back Total Depth: 1037.0'
Amount of Surface Pipe Set and Cemented at: 47.7 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1068.0
feet depth to: surface w/ 125 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
7/20/2010 7/22/2010 7/22/2010
Spud Date or Date Reached TD Completion Date or 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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.
Signature: [Signature]
Title: Associate Date: 8/13/10

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: Dlg Date: 8/26/10

Operator Name: Altavista Energy, Inc. Lease Name: Marjorie Crotts Well #: 10
 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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, 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 1014.0' +23.0 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 23 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	47.7	50/50 Poz	36	See Service Ticket
Production	5 5/8"	2 7/8"	NA	1068.0	50/50 Poz	125	See Service Ticket

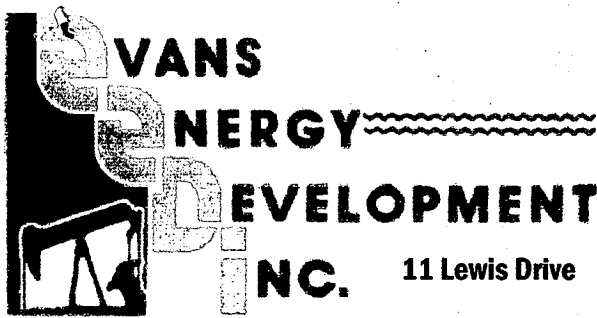
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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	1014.0 to 1023.0 - 28 perms - 2" DML RTG	Spot 75 gallons 15% HCL acid	1014.0-1023.0
		140 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 type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 8/5/2010	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. 3.0	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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**VANS
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.

Marjorie Crotts #10

API # 15-031-22,679

July 20 - July 22, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
41	soil & clay	41
5	gravel	46
177	shale	223
53	lime	276
94	shale	370
6	lime	376
6	shale	382
8	lime	390
33	shale	423
10	lime	433
2	shale	435
14	lime	449
25	shale	474
11	lime	485
5	shale	490
7	lime	497
35	shale	532
5	lime	537
3	shale	540
33	lime	573
4	shale	577
8	lime	585
8	shale	593
8	lime	601
13	shale	614
16	lime	630
2	shale	632
21	lime	653 base of the Kansas City
163	shale	816
8	lime	824
9	shale	833
3	lime	836
6	shale	842
9	lime	851
29	shale	880
2	lime	882
13	shale	895
12	lime	907
13	shale	920
7	lime	927

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13	shale	940
4	lime	944
9	shale	953
3	lime	956
4	shale	960
2	lime	962
4	shale	966
3	lime	969
8	shale	977
4	lime	981
30	shale	1011
1	lime & shells	1012
2	shale	1014
1	lime & shells	1015
7.5	oil sand	1022.5
11.5	silty shale	1034
46	shale	1080 TD

Drilled a 9 7/8" hole to 47.7'

Drilled a 5 5/8" hole to 1080'

Cored from 1015' to 1035'

Set 47.7' of 7" surface casing with 15 sacks gel, cemented by Consolidated Oil Services.

Set 1068' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp, 1 baffle, and 1 seating nipple.

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Core Times

	<u>Minutes</u>	<u>Second</u>
1015		27
1016		23
1017		26
1018		25
1019		25
1020		26
1021		26
1022		32
1023		30
1024		35
1025		32
1026		3
1027		32
1028		34
1029		34
1030		43
1031		47
1032		39
1033		35
1034		44

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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 # 235401

Invoice Date: 07/22/2010 Terms: 0/30,n/30

Page 1

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

CROTTS 10
27020
SW 14-22-16 CF
07/20/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	36.00	9.8400	354.24
1118B	PREMIUM GEL / BENTONITE	67.00	.2000	13.40
1111	GRANULATED SALT (50 #)	84.00	.3300	27.72
1110A	KOL SEAL (50# BAG)	200.00	.4200	84.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	3.65	.00
T-106 WATER TRANSPORT (CEMENT)	1.00	112.00	112.00
548 TON MILEAGE DELIVERY	75.60	1.20	90.72

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Parts:	479.36	Freight:	.00	Tax:	30.20	AR	1437.28
Labor:	.00	Misc:	.00	Total:	1437.28		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27020
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/20/10	3244	Margorie Crofts # 10	SW 14	22	16	CF
CUSTOMER Altavista						
MAILING ADDRESS Po Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		389	Casey Ken	ck		
		368	Ken Hans	KH		
		548	Tim Wier	TW		
		565 T106	Cec Par	CHP		

JOB TYPE surface HOLE SIZE 9 1/2" HOLE DEPTH 48' CASING SIZE & WEIGHT 7"
CASING DEPTH 47.7' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
DISPLACEMENT 1.8 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 40 sts
50/50 Pozmix cement w/ 2% Premium Gel, 5# Koi Seal, + 5% Salt per ck,
displaced cement to surface, displaced cement w/ 1.8 bbls fresh water, shut in
casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE cement pump surface		725.00
5406	0	MILEAGE trucks on lease		n/c
5407A	75.6	tax mileage		90.72
5501C	1	Transport		112.00
1124	36 stks	50/50 Pozmix cement		354.24
1118B	67 #	Premium Gel		13.40
1111	8400 #	Salt		27.72
1110A	200 #	Koi Seal		84.00
				6.3%
				SALES TAX
				ESTIMATED TOTAL
				30.20
				1437.28

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WOT # 235401

AUTHORIZATION _____ TITLE _____ DATE _____

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 # 235456

Invoice Date: 07/27/2010 Terms: 0/30,n/30

Page 1

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

CROTTS 10
27031
SW 14-22-16 CF
07/22/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	9.8400	1230.00
1118B	PREMIUM GEL / BENTONITE	235.00	.2000	47.00
1111	GRANULATED SALT (50 #)	294.00	.3300	97.02
1110A	KOL SEAL (50# BAG)	700.00	.4200	294.00
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
1143	SILT SUSPENDER SS-630,ES	.50	38.5000	19.25
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.65	164.25
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	100.00	300.00
548 TON MILEAGE DELIVERY	264.60	1.20	317.52

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Parts:	1733.90	Freight:	.00	Tax:	109.23	AR	3549.90
Labor:	.00	Misc:	.00	Total:	3549.90		
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 27031
LOCATION Ottawa, KS
FOREMAN Cassey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/22/10	3244	Margorie Crofts #10	SW 14	22	11e	CF
CUSTOMER Altavista			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1068' DRILL PIPE _____ TUBING _____ OTHER 1038' Baffle plate
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 6.03 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal ESA-41 Soap, mixed & pumped 1/2 gal HE-100 Polymer, circulated for 1 hour to condition hole, mixed & pumped 140 sks 50/50 Pozmix cement w/ 5# Kal Seal, 2% Premium Gel, & 5% Salt per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to baffle plate w/ 6.03 bbls fresh water, pressured to 700 PSI, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		925.00
5406	48 miles	MILEAGE pump truck		167.25
5407A	264.6	ton mileage		317.52
5502C	3 hrs	80 bbl Uac Truck		300.00
1124	125 sks	50/50 Pozmix cement		1230.00
1118B	235 #	Premium Gel		47.00
1111	294 #	Salt		97.02
1110A	700 #	Kal Seal		294.00
4402	1	2 1/2" rubber plug		23.00
1143	1/2 gal	ESA-41		19.25
1401	1/2 gal	HE-100 Polymer		23.63
			RECEIVED	
			AUG 23 2010	
			KCO WICHITA	
			6.3%	SALES TAX
				ESTIMATED
				TOTAL

[Handwritten notes: WOT # 23556, 235456]

Ravin 3737
 AUTHORIZATION _____ TITLE _____ DATE _____
 SALES TAX 109.29
 ESTIMATED TOTAL 3549.90

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.