

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

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 # 5989
Name: Finney Drilling Company
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.: _____
8/11/10 8/16/10 8/16/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22563-0000
Spot Description: _____
NW NW SW SW Sec. 14 Twp. 22 S. R. 16 East West
1155 Feet from North / South Line of Section
5115 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Sauder Well #: 2-1
Field Name: Wildcat
Producing Formation: Squirrel
Elevation: Ground: 1041 est Kelly Bushing: NA
Total Depth: 1110.0' Plug Back Total Depth: 1100.7'
Amount of Surface Pipe Set and Cemented at: 67.0 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1100.7'
feet depth to: Surface w/ 139 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: [Signature]
Title: Associate Date: 10/25/10
Subscribed and sworn to before me this 25 day of OCTOBER,
20 10.
Notary Public: Stacy J. Thyer
Date Commission Expires: 3-31-2011



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt2-Dig - 11/12/10

Operator Name: Altavista Energy, Inc. Lease Name: Sauder Well #: 2-1
 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 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 type="checkbox"/> Yes <input checked="" 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 1018.0' +23.0'
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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	12 1/4"	7"	20#	67.0	50/50 POZ	49	See Service Co. Ticket
Production	5 7/8"	2 7/8"	6.5#	1100.7'	50/50 POZ	139	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 (Amount and Kind of Material Used)	Depth
3 spf	1018.0 to 1028.0 - 31 perfs - 2" DML RTG	RECEIVED OCT 29 2010 KCC WICHITA	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. Pending Permit		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbbls. NA	Gas Mcf	Water Bbbls.	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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DRILLERS LOG

API NO.: 15 - 031 - 22563 - 00 - 00

OPERATOR: ALTAVISTA ENERGY INC

ADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092

WELL #: 2 - 1 LEASE NAME: SAUDER

FOOTAGE LOCATION: 1155 FEET FROM (N) (S) LINE 5115 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY GEOLOGIST: DOUG EVANS

SPUD DATE: 8/11/2010 TOTAL DEPTH: 1110 P.B.T.D. _____

DATE COMPLETED: 8/16/2010 OIL PURCHASER: MACLASKEY

S. 14	T. 22	R. 16	E. <u> </u> W.
LOCATION: _____		NW NW SW SW	
COUNTY: _____		COFFEY	
ELEV. GR. _____		1037	
DF _____		KB _____	

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12 1/4	7	20	67	I	45	SERVICE COMPANY
PRODUCTION:	5 7/8	2 7/8 8rd	6.5	1100.70	S	137	SERVICE COMPANY

WELL LOG

CORES: # _____
 RECOVERED: _____
 ACTUAL CORING TIME: _____

RAN: 3 - CENTRALIZERS
1 - FLOAT SHOE
1 - CLAMP
1 - BAFFLE

FORMATION	TOP	BOTTOM
OP SOIL	0	4
LAY	4	41
RAVEL	41	53
AND	53	64
HALE	64	229
ME	229	249
HALE	249	255
ME	255	278
HALE	278	380
ME	380	394
HALE	394	427
ME	427	430
HALE	430	432
ME	432	500
ED BED & SHALE	500	520
AND & SHALE	520	532
ME	532	534
HALE	534	536
ME	536	537
HALE	537	546
S LIME	546	586
HALE	586	592
ME	592	598
HALE	598	600
ME	600	630
HALE	630	633
ME	633	655
3 SHALE	655	811
ME	811	813
HALE	813	815
ME	815	824
HALE	824	831
ME	831	841
ND & SHALE	841	901
ME	901	907
ND & SHALE	907	928

FORMATION	TOP	BOTTOM
LIME	928	931
SHALE	931	947
LIME	947	951
SHALE	951	968
LIME	968	969
SHALE	969	970
LIME	970	975
SHALE	975	982
LIME	982	986
SHALE	986	1017
CAP LIME	1017	1018
SHALE	1018	1020
CAP LIME	1020	1021
OIL SAND & SHALE	1021	1022
OIL SAND	1022	1025
SAND & SHALE OIL	1025	1028
SAND & SHALE	1028	1071
LIME	1071	1073
SHALE	1073	1077
LIME	1077	1079
SHALE	1079	1110 T.D.

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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 # 235943

Invoice Date: 08/17/2010 Terms: 0/30,n/30

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

SAUDER 2-1
27081
SW 14-22-16 CF
08/12/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	49.00	9.8400	482.16
1118B	PREMIUM GEL / BENTONITE	92.00	.2000	18.40
1111	GRANULATED SALT (50 #)	116.00	.3300	38.28
1110A	KOL SEAL (50# BAG)	275.00	.4200	115.50

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	3.65	.00
368 CASING FOOTAGE	67.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
503 TON MILEAGE DELIVERY	103.95	1.20	124.74

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Parts:	654.34	Freight:	.00	Tax:	41.23	AR	1695.31
Labor:	.00	Misc:	.00	Total:	1695.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27081
LOCATION Ottawa KS
FOREMAN Fred Maden

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
8/12/10	3244	Sauder # FR 2-I	SW 14	22	16	CF
CUSTOMER <u>Altavista</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>506 Fred</u>			
CITY <u>Wellsville</u> STATE <u>KS</u> ZIP CODE <u>66692</u>			<u>368 Ken</u>			
			<u>380 Derek</u>			
			<u>503 Harold</u>			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 67' CASING SIZE & WEIGHT 7"
CASING DEPTH 67' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
DISPLACEMENT 2.5BA DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 BPM

REMARKS: Establish circulation thro 7" casing. Mix Pump 55
SKS 50/50 Poz Mix Cement 2% Gel 15% Salt 5# Kol Seal
per sk. Cement to surface. Displace casing clean
w/ 2.5 BBE Fresh water. Shut in casing.

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Fred Maden

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE <u>Surface Cemen</u>		725 ⁰⁰
5406	-0-	MILEAGE <u>Truck on lease</u>		N/C
5402	67'	<u>Casing Footage</u>		N/C
5407A	103.95	<u>Ton Miles</u>		1247 ⁷¹
5402C	1 1/2	<u>80 BBL Voe Truck</u>		150 ⁰⁰
1124	49 SKS	<u>50/50 Poz Mix Cement</u>		482 ¹⁶
1118B	92#	<u>Premium Gel</u>		184 ⁰⁰
1111	116#	<u>Granulated Salt</u>		38 ²⁸
1108A	275#	<u>Kol Seal</u>		115 ⁵⁰
		<u>WD # 235943</u>		
			663 ²⁰	SALES TAX
				ESTIMATED
				TOTAL
				41 ²³
				1695 ³¹

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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 # 236024

Invoice Date: 08/19/2010 Terms: 0/30,n/30

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

SAUDER 2-I
27056
SW 14-22-16 CF
08/17/2010

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	775.00	.4200	325.50
1111	GRANULATED SALT (50 #)	299.00	.3300	98.67
1118B	PREMIUM GEL / BENTONITE	360.00	.2000	72.00
1124	50/50 POZ CEMENT MIX	139.00	9.8400	1367.76
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
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
368	CASING FOOTAGE	1000.00	.00	.00
369	80 BBL VACUUM TRUCK (CEMENT)	3.00	100.00	300.00
503	TON MILEAGE DELIVERY	292.95	1.20	351.54

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Parts:	1886.93	Freight:	.00	Tax:	118.89	AR	3746.61
Labor:	.00	Misc:	.00	Total:	3746.61		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27056
LOCATION Dttgwg
FOREMAN Alan Madea

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
8-17-10	32441	Sander 2-I	SW 14	22	16	CF
CUSTOMER			TRUCK #			
Alta Vista			516	Alan M	516	Meely
MAILING ADDRESS			369	Ken H	369	Ken
P.O. Box 128			369	Chuck L	523	Chuck
CITY			523	Cecily	523	CHP
Wellsville						
STATE		ZIP CODE				
KS		66692				

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 1110 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1100 DRILL PIPE _____ TUBING _____ OTHER 1069 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meeting. Mixed & pumped 100 # gel to flush hole followed by 155 gal 50/50 poz, 5 # Koloseal, 3% salt, 2% gel, circulated cement. Flashed pump. Pumped plug to casing TD. Well held 800 PSI. Set float, closed valve.

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KCC WICHITA Alan Madea

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	45	MILEAGE		164.25
5402	1000	casing footage		
5407	292.95	ten milease		351.54
5502C	3	80 vac		300.00
1110A	775 #	gel Koloseal		325.50
1111	299 #	Salt		98.67
1118B	360 #	gel		72.00
1184	139.5k	50/50 poz		1367.76
W402	1	2 1/2 plug		23.00
		WO# 236024		
			SALES TAX	118.89
			ESTIMATED TOTAL	3746.61

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AUTHORIZATION Alan Madea 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.