



KANSAS CORPORATION COMMISSION 1060654
OIL & GAS CONSERVATION DIVISION

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: Coffeyville Resources

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 #: _____
06/09/2011 06/13/2011 06/13/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-045-21729-00-00
Spot Description: _____
NW SE NE NW Sec. 1 Twp. 15 S. R. 20 East West
4455 Feet from North / South Line of Section
3135 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: Jim Bell Well #: A-6
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1051 Kelly Bushing: 1051
Total Depth: 920 Plug Back Total Depth: 879
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 906
feet depth to: 0 w/ 130 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 20 bbls
Dewatering method used: Evaporated
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: Deanna Garrison Date: 08/08/2011



1060654

Operator Name: Altavista Energy, Inc. Lease Name: Jim Bell Well #: A-6
 Sec. 1 Twp. 15 S. R. 20 East West County: Douglas

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>821</td> <td>+230</td> </tr> </table>	Name	Top	Datum	Bartlesville	821	+230
Name	Top	Datum					
Bartlesville	821	+230					

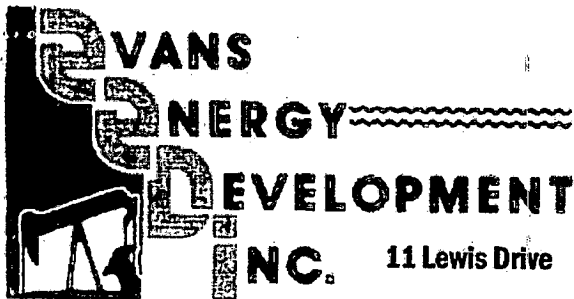
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	18	42	Portland	8	NA
Production	5.625	2.875	6	906	50/50 Poz	130	See Ticket

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
3	821-834 - 41 perms - 2" DML RTG		
3	842-852 - 31 perms - 2" DML RTG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>07/25/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	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 <i>(Specify)</i> _____	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.

Jim Bell #A-6

API # 15-045-21,729

June 9 - June 13, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
2	lime	10
7	shale	17
6	lime	23
141	shale	164
2	lime	166
7	shale	173
16	lime	189
7	shale	196
13	lime	209
4	shale	213
14	lime	227
119	shale	346
19	lime	365
17	shale	382
13	lime	395
30	shale	425
5	lime	430
26	shale	456
4	lime	460
13	shale	473
2	lime	475
13	shale	488
27	lime	515
184	shale	699
12	lime	711
9	shale	720
26	lime	746
9	shale	755
9	lime	764
24	shale	788
3	lime	791
7	shale	798
18	sand	816
1	lime	817
2	shale	819
3	sand	822
0.5	broken sand	822.5
13.5	oil sand	836

Jim Bell #A-6

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4	grey sand	840
14	broken sand	854
4	silty shale	860
62	shale	920 TD

Drilled a 9 7/8" hole to 41.6'

Drilled a 5 5/8" hole to 860'

Set 41.6' of 7" surface casing cemented with 8 sacks of cement.

Set 906' of 2 7/8" threaded and coupled 8 round upset tubing including 4 centralizers, 1 float shoe, 1 baffel and one clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
822	1	5
823		32
824		24
825		23
826		25
827		25
828		21
829		23
830		21
831		20
832		24
833		28
834		25
835		33
836		29
837		32
838		37
839		24
840		24
841		33



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 # 242072

Invoice Date: 06/22/2011 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

J. BELL A-6
32601
NW 1-15-20 DG
06/13/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.4500	1358.50
1118B	PREMIUM GEL / BENTONITE	219.00	.2000	43.80
1111	GRANULATED SALT (50 #)	252.00	.3500	88.20
1110A	KOL SEAL (50# BAG)	650.00	.4400	286.00
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
368 CASING FOOTAGE	907.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1848.33 Freight: .00 Tax: 134.93 AR 3613.26
 Labor: .00 Misc: .00 Total: 3613.26
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32601
LOCATION Ottawa KS
FOREMAN Fred Mader

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
6/13/11	3244	J. Bell # A-6	NW 1	15	20	DG
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsuille			KS			
66092			66092			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 907' DRILL PIPE Baffle in TUBING @ 876' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29' + Plug
 DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 1/2 Gal ESA-41 + 1/2 Gal NE-100 polymer
flush. Circulate from pit to condition hole. Mix Pump 130 sks
50/50 Por Mix Cement 2 7/8 Gal 5% Salt 5" Kol Seal/cask. Cement to
surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to Baffle w/ 5.1 BBL Fresh water. Pressure to 700# PSI
Release pressure to set float valve. Shut in casing.

Evans Energy Dev-Tax. (Kenny)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	25 mi	MILEAGE		100 ⁰⁰
5402	907'	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5502	2 1/2 hrs	EO BBL Voe Truck		225 ⁰⁰
1124	130 sks	50/50 Por Mix Cement		1358 ⁰⁰
1118B	219#	Premium Gel		43 ⁰⁰
1111	252#	Granulated Salt		286 ²⁰
1110A	650#	Kol Seal		286 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1443	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	NE-100 Polymer		23 ⁶³
		WD# 272072		
		7.3%	SALES TAX ESTIMATED TOTAL	13423
				3613 ²⁶

Rev'n 3737

AUTHORIZATION Jim Harker 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.