



KANSAS CORPORATION COMMISSION 1060635
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 SLOW
 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 #: _____
06/20/2011 06/22/2011 06/22/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-045-21722-00-00
Spot Description: _____
NW_NW_NE_NW Sec. 1 Twp. 15 S. R. 20 East West
5115 Feet from North / South Line of Section
3795 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-1
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1058 Kelly Bushing: 1058
Total Depth: 916 Plug Back Total Depth: 880
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/ 138 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



1060635

Operator Name: Altavista Energy, Inc. Lease Name: Jim Bell Well #: A-1
 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 checked="" 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>820</td> <td>+238</td> </tr> </table>	Name	Top	Datum	Bartlesville	820	+238
Name	Top	Datum					
Bartlesville	820	+238					

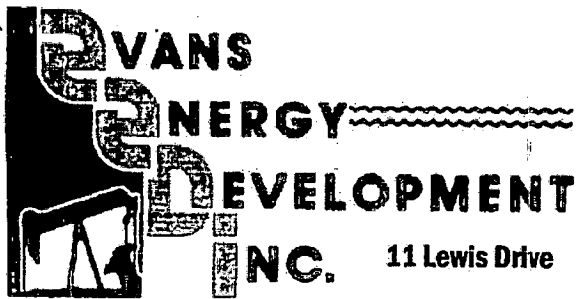
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	18	42	Portland	8	NA
Production	5.625	2.875	6	906	50/50 Poz	138	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	820 to 832 - 38 perfs - 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>7/25/2011</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: _____ _____
---	---	--



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083
Fax: 913-557-9084

11 Lewis Drive

Paola, KS 66071

WELL LOG

Altavista Energy, Inc.

Jim Bell #A-1

API # 15-045-21,722

June 20 - June 22, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
6	sandstone	14
7	shale	21
10	lime	21
144	shale	175
5	lime	180
8	shale	188
13	lime	201
8	shale	209
8	lime	217
6	shale	223
34	lime	257
6	shale	263
28	lime	291
73	shale	364
18	lime	382
23	shale	405
47	lime	452
16	shale	468
27	lime	495
3	shale	498
45	lime	543
168	shale	711
6	lime	717
18	shale	735
9	lime	744
11	shale	755
15	lime	770
30	shale	800
2	lime	802
14	shale	816
4	brown sand	820 lite odor
2	grey sand	822
2	brown sand	824 no odor
2	grey sand	826
1	brown sand	827 lite odor
5	broken sand	832 very lite oil show, 50% bleeding sand, 50% silty shale

Jim Bell A-1

Page 2

7
77

silty shale
shale

839
916 TD

Drilled a 9 7/8" hole to 41.8'
Drilled a 5 5/8" hole to 916'

Set 41.8' of 7" surface casing cemented with 8 sacks of cement.

Set 906' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffle, and 1 seating nipple.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
827		22
828		22
829		22
830		21
831		24
832		32
833		27
834		25
835		25
836		24
837		30
838		36
839		38
840		35
841		37
842		36
843		36
844		35
845		36
846		36



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 # 242150

Invoice Date: 06/24/2011 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-1
32580
NW 1-15-20 DG
06/22/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	138.00	10.4500	1442.10
1118B	PREMIUM GEL / BENTONITE	232.00	.2000	46.40
1111	GRANULATED SALT (50 #)	267.00	.3500	93.45
1110A	KOL SEAL (50# BAG)	690.00	.4400	303.60
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495 CASING FOOTAGE	906.00	.00	.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1957.38 Freight: .00 Tax: 142.88 AR 3630.26
 Labor: .00 Misc: .00 Total: 3630.26
 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 32580

LOCATION Dawang

FOREMAN Alan 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
6-22-11	3244	J. Bell A-1	NW 1	15	20	DB
CUSTOMER			TRUCK #			
Altavista Energy			516	Alan M	Safety	Meat
MAILING ADDRESS			495	Casey K	CP	
P.O. Box 128			510	Gary M	GM	
CITY			369	Cecil P	CHP	
Wellsville						
STATE						
KS						
ZIP CODE						
66092						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 916 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 906 DRILL PIPE _____ TUBING _____ OTHER 876
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5.1 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 1/2 gal EST 41 & 1/2 gal polymer. Circulated into new pit for 1 hr. Mixed & pumped 138 sk 50 150 p02 plus 5# Kalseal, 590 salt, 290 gel. Circulated cement. Flushed pump. Pumped plug to baffle @ 876'. Well held 800' AST. Set float. Closed valve.

Evans Energy, Ken

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE		975.00
5426		MILEAGE		
5422	906'	casing footage		
5427	mi	ton miles	330.00	
5522C	2 1/2	80 GAL		225.00
1124	138 sk	50 150 P02		1442.10
1118B	232#	gel		46.40
1111	267#	salt		93.45
1112A	690#	Kalseal		303.60
4402	1	2 1/2 plug		28.00
1143	1/2 gal	PSA 41		20.20
11401	1/2 gal	polymer		23.63
		WD # 242 150		
			1.3%	
			SALES TAX	142.88
			ESTIMATED	
			TOTAL	3630.26

Ravin 3737

AUTHORIZATION Stephen Scott

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.