



KANSAS CORPORATION COMMISSION 1063634
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: NA
Purchaser: _____

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 #: _____

<u>08/03/2011</u>	<u>08/05/2011</u>	<u>08/05/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23522-00-00

Spot Description: _____

SW NE SE SE Sec. 16 Twp. 14 S. R. 22 East West
844 Feet from North / South Line of Section
498 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Wise Well #: AI-4

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1021 Kelly Bushing: 1021

Total Depth: 940 Plug Back Total Depth: 899

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 931

feet depth to: 0 w/ 135 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 Garrisor Date: 09/21/2011



1063634

Operator Name: Altavista Energy, Inc. Lease Name: Wise Well #: AI-4
 Sec. 16 Twp. 14 S. R. 22 East West County: Johnson

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>869</td> <td>+152</td> </tr> </table>	Name	Top	Datum	Bartlesville	869	+152
Name	Top	Datum					
Bartlesville	869	+152					

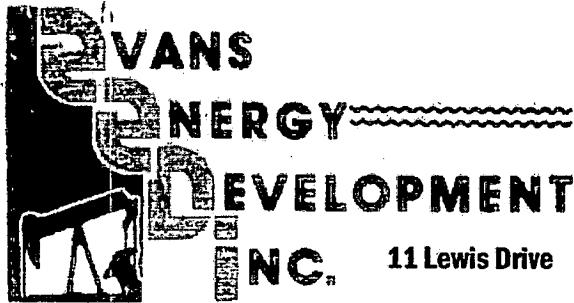
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	20	20	Portland	6	NA
Production	5.625	2.875	6	931	50/50 Poz	135	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	869-879 - 31 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.		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 Bbls.	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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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.

Wise #A1-4

API # 15-091-23,522

August 3 - August 5, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
32	shale	47
26	lime	73
7	shale	80
20	lime	100
36	shale	136
12	lime	148
10	shale	158
53	lime	211
24	shale	235
8	lime	243
18	shale	261
5	lime	266
7	shale	273
14	lime	287
38	shale	325
8	lime	333
6	shale	339
13	lime	352
6	shale	358
20	lime	378
3	shale	381
4	lime	385
4	shale	389
11	lime	400 base of the Kansas City
174	shale	574
4	lime	578
16	shale	594
4	lime	598
18	shale	616
4	lime	620
17	shale	637
3	lime	640
81	shale	721

12	lime	733
78	shale	811
1	coal	812
55	shale	867
1	limey sand	868
1	dark grey sand	869
2	oil sand	871
1	grey sand	872
3	broken sand	875
3	silty shale	878
5	grey sand	883
57	shale	940 TD

Drilled a 9 7/8" hole to 20.2'

Drilled a 5 5/8" hole to 940'

Set 20.1' of 7" surface casing cemented with 6 sacks of cement.

Set 930.05' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 baffle.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
867	1	28
868		22
869		18
870		49
871		25
872		17
873		19
874		31
875		24
876		21
877		23
878		24
879		29
880		31
881		27
882		29
883		29
884		30
885		30
886		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 # 243284

Invoice Date: 08/15/2011 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

WISE A-I-4
32742
SE 16 14 22 JO
08/05/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	10.4500	1410.75
1118B	PREMIUM GEL / BENTONITE	227.00	.2000	45.40
1111	GRANULATED SALT (50 #)	261.00	.3500	91.35
1110A	KOL SEAL (50# BAG)	675.00	.4400	297.00
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	930.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts: 1916.33 Freight: .00 Tax: 144.21 AR 3709.54
 Labor: .00 Misc: .00 Total: 3709.54
 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 32742

LOCATION Oklahoma 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
8/5/11	3244	Wise A-J-4	SE 16	14	22	JD
CUSTOMER			TRUCK #			
Alta Vista Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box			DRIVER			
CITY			TRUCK #			
Wellsville			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66092			DRIVER			

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 940' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 930' DRILL PIPE Baffle TUBING 898' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32 + Plug
 DISPLACEMENT 5.22 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Check casing depth w/wire line. Establish circulation Mix + Pump
1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer. Flush Mix + Pump 135 SKS.
50/50 Por Mix Cement 270 Gal 5% Salt 5# K01 Seal/sks Cement to
surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to
Baffle in casing w/ 5.22 BBL Fresh water. Pressure to 800# PSI.
Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. (Kenny)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30 mi	MILEAGE	495	120.00
5402	930	Casing Footage	N/C	N/C
5407	Minimum	Ton ^o Milos	503	330.00
5501C	2 hrs	Transport	505/100	224.00
1124	135 sks	50/50 Por Mix Cement		1410.75
1118B	227#	Premium Gel		45.40
1111	261#	Granulated Salt		91.35
1110A	675#	K01 Seal		277.00
4402	1	2 1/2" Rubber Plug		25.00
1143	1/2 Gal	ESA-41		20.00
1401	1/2 Gal	HE-100 Polymer		23.00
			7.525%	144.21
			ESTIMATED TOTAL	3709.54

2473284

Revin 9737

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.