



KANSAS CORPORATION COMMISSION 1064513
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 #: _____
09/07/2011 09/09/2011 09/09/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23546-00-00
Spot Description: _____
NW SW NW SW Sec. 16 Twp. 14 S. R. 22 East West
1754 Feet from North / South Line of Section
5271 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Robert Kramer Well #: AI-25
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1030 Kelly Bushing: 1030
Total Depth: 963 Plug Back Total Depth: 921
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 953
feet depth to: 0 w/ 139 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 Garrick Date: 10/05/2011



1064513

Operator Name: Altavista Energy, Inc. Lease Name: Robert Kramer Well #: AI-25
 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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Bartlesville	890	+140

List All E. Logs Run:

Gamma Ray/Neutron/CCL

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	23	Portland	6	NA
Production	5.625	2.875	6	953	50/50 Poz	139	See Ticket

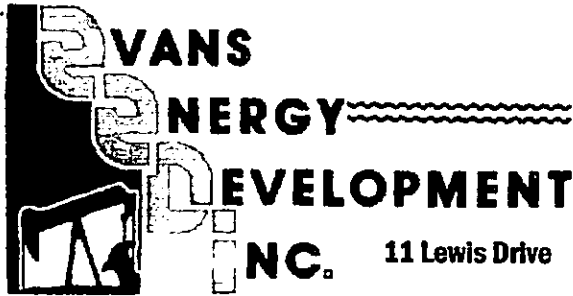
ADDITIONAL CEMENTING / SQUEEZE RECORD

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 (Amount and Kind of Material Used)	Depth
3	890-898 - 25 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 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.

Robert Kramer #AI-25

API # 15-091-23,546

September 7 - September 9, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
15	sandstone	20
40	shale	60
7	lime	67
21	shale	88
9	lime	97
11	shale	108
5	lime	113
16	shale	129
4	lime	133
25	shale	158
12	lime	170
7	shale	177
3	lime	180
10	shale	190
30	lime	220
5	shale	225
6	lime	231
26	shale	257
6	lime	263
2	shale	265
27	lime	292
4	shale	296
15	lime	311
38	shale	349
4	lime	353
3	shale	356
2	lime	358
6	shale	364
23	lime	387
3	shale	390
5	lime	395
5	shale	400
6	lime	406 base of the Kansas City
188	shale	594

34	lime	628
58	shale	686
2	lime	688
12	shale	700
10	lime	710
14	shale	724
7	lime	731
21	shale	752
10	lime	762
36	shale	798
4	lime	802
88	shale	890
1	lime	891
0.5	oil sand	891.5
1	limey sand	892.5
0.5	broken sand	893
1	limey sand	894
3	broken sand	897
3	silty shale	900
6	shale	906
63	grey sand	963 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 963'

Set 22.7' of 7" surface casing cemented with 6 sacks of cement.

Set 953.30' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffel, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
891		27
892		24
893		20
894		20
895		20
896		21
897		22
898		25
899		26
900		27
901		31
902		32
903		24
904		27
905		31
906		28
907		32
908		34
909		37
910		38



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 68720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244246

Invoice Date: 09/19/2011 Terms: 0/0/30,n/30

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

KRAMER AI-25
32850
SW 16 14 22 JO
09/09/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	139.00	10.4500	1452.55
1118B	PREMIUM GEL / BENTONITE	234.00	.2000	46.80
1111	GRANULATED SALT (50 #)	269.00	.3500	94.15
1110A	KOL SEAL (50# BAG)	695.00	.4400	305.80
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)	30.00	4.00	120.00
368 CASING FOOTAGE	953.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.50	112.00	280.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1971.13 Freight: .00 Tax: 148.32 AR 3824.45
 Labor: .00 Misc: .00 Total: 3824.45
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 32850
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/9/11	13244	Kramer # AI-25	SW 16	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy			506	FREMAD	Sotag Wls	
MAILING ADDRESS			368	KENNAW	KH	
P.O. Box 128			505/106	HARBEC	WAB	
CITY	STATE	ZIP CODE	558	DERMAS	DM.	
Wellsville	KS	66092				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 963 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 953 DRILL PIPE Bottle TUBING 922 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 5.36 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal. ESA 41 + 1/2 Gal. HE 100 Polymer
Flush. Circulate from pit to completion hole. Mix + Pump
139 s/ks 50/50 for mix cement 2 7/8 Gal 5% Salt 5# Kol Seal/sk.
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to Bottle in casing w/ 5.36 BALS
Fresh water. Pressure to 700# PSI. Release pressure to
set float valve. Shut in casing.

Evans Energy Dev. Inc. (Mitchell)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	925.00
5406	30 mi	MILEAGE	368	120.00
5402	953	Casing Footage		n/c
5407	Minimum	Ten Miles	558	330.00
5501C	2 1/2 hrs	Transport	505/106	280.00
1124	139#	50/50 for Mix Cement		1452.55
1118B	234#	Premium Gel		46.80
111	269#	Granulated Salt		94.15
1110A	675#	Kol Seal		305.40
4402	1	2 1/2" Rubber Plug		26.00
1143	1/2 Gal	ESA-41		20.20
1401	1/2 Gal	HE 100 Polymer		23.65
			7.525%	SALES TAX
				ESTIMATED TOTAL
				148.32
				3824.45

2442410

Revin 3737

AUTHORIZATION Jim C. phone/mitchell TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended on the front of the form or in the customer's account records, at our office, and conditions of service or effect for services identified on this form.