



KANSAS CORPORATION COMMISSION 1064496
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: _____
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 #: _____
08/17/2011 08/19/2011 08/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23542-00-00
Spot Description: _____
NW SW SW SW Sec. 16 Twp. 14 S. R. 22 East West
461 Feet from North / South Line of Section
5257 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-20
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1065 Kelly Bushing: 1065
Total Depth: 1002 Plug Back Total Depth: 961
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 992
feet depth to: 0 w/ 141 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: 10/05/2011



1064496

Operator Name: Altavista Energy, Inc. Lease Name: Robert Kramer Well #: AI-20
 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>928</td> <td>+137</td> </tr> </table>	Name	Top	Datum	Bartlesville	928	+137
Name	Top	Datum					
Bartlesville	928	+137					

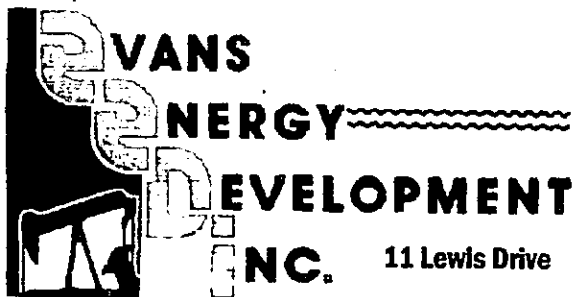
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	20	22	Portland	6	NA
Production	5.625	2.875	6	992	50/50 Poz	141	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	928-938 - 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 <i>(Explain)</i> _____		
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 <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.

Robert Kramer #AI-20

API # 15-091-23,542

August 17 - August 19, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
90	shale	97
35	lime	132
7	shale	139
6	lime	145
10	shale	155
5	lime	160
3	shale	163
7	lime	170
20	shale	190
13	lime	203
5	shale	208
67	lime	275
18	shale	293
9	lime	302
17	shale	319
6	lime	325
8	shale	333
11	lime	344
41	shale	385
28	lime	413
10	shale	423
20	lime	443
13	shale	456
8	lime	464
169	shale	633
4	lime	637
3	shale	640
14	lime	654
196	shale	850
2	lime	852
78	shale	930
1	lime	931
1	broken sand	932

2	oil sand	934
2	broken sand	936
2	silty shale	938
64	shale	1002 TD

Drilled a 9 7/8" hole to 21.9'

Drilled a 5 5/8" hole to 1002'

Set 21.9' of 7" surface casing cemented with 6 sacks of cement.

Set 992' 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>
931		27
932		34
933		29
934		28
935		24
936		29
937		33
938		26
939		23
940		26
941		32
942		35
943	1	26
944	1	57
945	1	52
946	1	20
947	1	37
948	1	12
949	1	4
950		44



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 # 243661

Invoice Date: 08/25/2011 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

KRAMER AI 20
32754
SW 16 14 22 JO
08/19/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	141.00	10.4500	1473.45
1118B	PREMIUM GEL / BENTONITE	387.00	.2000	77.40
1111	GRANULATED SALT (50 #)	272.00	.3500	95.20
1110A	KOL SEAL (50# BAG)	705.00	.4400	310.20
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

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	991.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 2028.08 Freight: .00 Tax: 152.61 AR 3829.69
 Labor: .00 Misc: .00 Total: 3829.69
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, 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 32754
LOCATION D77ang
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-19-11	3244	Kramer AI-20	SW 16	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			516	Alan M	505/T106	Jim M
MAILING ADDRESS			368	Arlen M		
P.O. Box 128			510	Gary M	GM	
CITY	STATE	ZIP CODE				
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1001 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 991 DRILL PIPE _____ TUBING _____ OTHER 959 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Reestablished rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into pit, lost circulation. Mixed 100# gal, lost circulation. Mixed 30# gal followed by 141 gk 50/50 pps, plus 5# Kalseal 572 salt, 272 gal per sack. Circulated cement. Flushed pump. Pumped plug to baffle @ 959. Well held 800 psi. Set float closed valve. Never did have 100% circulation.

Evans Energy, Ken

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	970.00	
5406	30	MILEAGE	368	12000	
5402	991'	Casing footage	368		
5407	min	ten miles		330.00	
5501C	2	transport	T-106	224.00	
1124	141 3k	50/50 pps		1473.45	
1123	387 #	gel		77.40	
1111	272 #	salt		95.20	
1110A	705 #	Kalseal		310.20	
1143	1/2	ESA 41		20.20	
1401	1/2	polymer		23.63	
4422	1	2 1/2 plug		28.00	
				SALES TAX	152.89
				ESTIMATED TOTAL	3829.59

243661

RAVIN 3737
 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.