



KANSAS CORPORATION COMMISSION 1064505
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 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 #: _____

<u>08/23/2011</u>	<u>08/25/2011</u>	<u>08/25/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23543-00-00

Spot Description: _____
NE NE SE SE Sec. 17 Twp. 14 S. R. 22 East West
1103 Feet from North / South Line of Section
293 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-22
Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1061 Kelly Bushing: 1061

Total Depth: 990 Plug Back Total Depth: 947

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: 980

feet depth to: 0 w/ 152 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 Garrico Date: 10/05/2011



1064505

Operator Name: Altavista Energy, Inc. Lease Name: Robert Kramer Well #: AI-22
 Sec. 17 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: none;"> <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>915</td> <td>+146</td> </tr> </table>	Name	Top	Datum	Bartlesville	915	+146
Name	Top	Datum					
Bartlesville	915	+146					

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	980	50/50 Poz	152	See Ticket

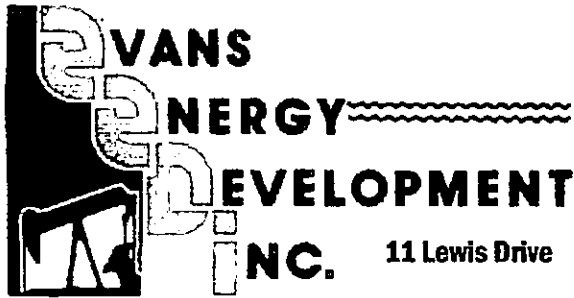
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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	915-925 - 31 Perfs - 2" DML RTG		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Bbbls.	Gas Mcf	Water Bbbls.	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.
Robert Kramer #AI-2
API # 15-091-23,543

August 23 - August 25, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
4	sandstone	9
73	shale	82
8	lime	90
16	sandstone	106
14	lime	120
8	shale	128
4	lime	132
14	shale	146
3	lime	149
8	shale	157
4	lime	161
21	shale	182
12	lime	194
9	shale	203
8	lime	211
2	shale	213
39	lime	252
31	shale	283
8	lime	291
16	shale	307
8	lime	315
7	shale	322
13	lime	335
38	shale	373
26	lime	399
9	shale	408
41	lime	449 base of the Kansas City
188	shale	637
11	lime	648
17	shale	665
4	lime	669
13	shale	682
10	lime	692
35	shale	727

2	lime	729
93	shale	822
6	lime	828
80	shale	908
2	lime	910
4	shale	914
3	limey sand	917 oil show
1	oil sand	918
1	broken sand	919
3	oil sand	922
0.5	broken sand	922.5
0.5	silty shale	923
6	shale	929
3	grey sand	932
58	shale	990 TD

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 990'

Set 22.8' of 7" surface casing cemented with 6 sacks of cement.

Set 979.65' 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>
914		25
915		31
916		32
917		34
918		39
919		38
920		37
921		42
922		37
923		28
924		30
925		27
926		32
927		54
928		38
929		33
930		35
931		32
932		37
933		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 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 243839

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Invoice Date: 08/31/2011 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-22
32760
SW 16 14 22
08/25/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	152.00	10.4500	1588.40
1118B	PREMIUM GEL / BENTONITE	255.00	.2000	51.00
1111	GRANULATED SALT (50 #)	294.00	.3500	102.90
1110A	KOL SEAL (50# BAG)	760.00	.4400	334.40
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	980.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

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Parts: 2148.53 Freight: .00 Tax: 161.68 AR 3959.21
Labor: .00 Misc: .00 Total: 3959.21
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32760

LOCATION Ottawa

FOREMAN Alan Made

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		
2-25-11	3274	Kramer AI-22	SW 16	14	22	JO		
CUSTOMER <u>Edwards Energy</u> MAILING ADDRESS <u>P.O. Box 128</u> CITY <u>Wellsville</u>			STATE <u>KS</u>				ZIP CODE <u>66092</u>	
		TRUCK # <u>516</u> <u>495</u> <u>305/1106</u> <u>503</u>		DRIVER <u>Alan M</u> <u>Casey K</u> <u>Harold B</u> <u>Timte</u>		TRUCK # <u>Safety</u> <u>CF</u> <u>MSB</u> <u>TH</u>		DRIVER <u>Moet</u> <u></u> <u></u> <u></u>
JOB TYPE <u>log string</u>		HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>990</u>	CASING SIZE & WEIGHT <u>2 7/8</u> OTHER <u>6.74e948</u>				
CASING DEPTH <u>980</u>		DRILL PIPE _____	TUBING _____	CEMENT LEFT IN CASING <u>yes</u>				
SLURRY WEIGHT _____		SLURRY VOL _____	WATER gal/sk _____	RATE <u>5 bpm</u>				
DISPLACEMENT <u>5 1/2</u>		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	REMARKS: <u>held crew meeting. Established rate. Mixed & pumped</u> <u>1/2 gal ESA 41 and 1/2 gal polymer. Circulated into new</u> <u>bit. Mixed & pumped 152 sk 50/150 pot, plus 5 # kol seal</u> <u>2 1/2 gal gel. Circulated cement. Flushed</u> <u>pump. Pumped plug to baffle. Well held 800 PSI</u> <u>Set float. Closed valve.</u>				

Edwards Energy - Ken

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	495.00
5406	30	MILEAGE	495	120.00
5402	980'	Casing footage	495	330.00
5407	min	for mileage	503	224.00
5501C	2	transport hours	T/106	
1124	152 sk	50/150 pot		1588.40
1118B	255 #	gel		51.00
1111	294 #	gel		102.90
1110A	740 #	kol-seal		334.40
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
1402	1	2 1/2 plug		28.00
			7.525	SALES TAX ESTIMATED
				TOTAL

245839

Revin 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.