



KANSAS CORPORATION COMMISSION 1066625
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 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>08/19/2011</u>	<u>08/23/2011</u>	<u>08/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23541-00-00

Spot Description: _____
SE NE SE SE Sec. 17 Twp. 14 S. R. 22 East West
760 Feet from North / South Line of Section
291 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-21

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1060 Kelly Bushing: 1060

Total Depth: 990 Plug Back Total Depth: 949

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: 981

feet depth to: 0 w/ 129 sx cmf.

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 Garcia Date: 01/10/2012



1066625

Operator Name: Altavista Energy, Inc. Lease Name: Robert Kramer Well #: AI-21
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>920</td> <td>+140</td> </tr> </table>	Name	Top	Datum	Bartlesville	920	+140
Name	Top	Datum					
Bartlesville	920	+140					

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	981	50/50 Poz	129	See Ticket

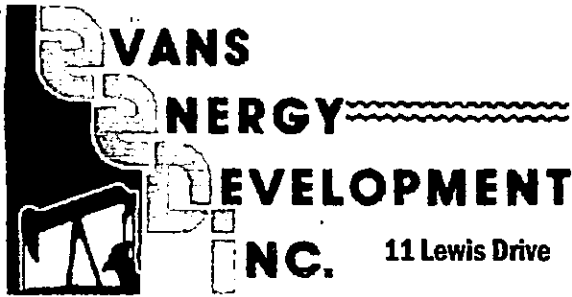
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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

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 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: _____ _____
---	--	--



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-21
API # 15-091-23,541

August 19 - August 23, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
2	sandstone	7
83	shale	90
3	lime	93
3	sandstone	96
3	lime	99
10	shale	109
14	lime	123
8	shale	131
9	lime	140
19	shale	159
5	lime	164
22	shale	186
11	lime	197
7	shale	204
49	lime	253
32	shale	285
9	lime	294
16	shale	310
8	lime	318
5	shale	323
15	lime	338
38	shale	376
8	lime	384
11	shale	395
12	lime	407
6	shale	413
19	lime	436
8	shale	440
2	lime	442
3	shale	445
9	lime	454 base of the Kansas City
171	shale	625
5	lime	630
172	shale	802

2	lime	804
14	shale	818
4	lime	822
32	shale	854
3	lime	857
63	shale	920
1	oil sand	921
2	broken sand	923
2	oil sand	925
1	broken sand	926
2	silty shale	928
6	shale	934
6	grey sand	940
50	shale	990 TD

Drilled a 9 7/8" hole to 22.1'

Drilled a 5 5/8" hole to 990'

Set 22.1' of 7" surface casing cemented with 6 sacks of cement.

Set 980.5' 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>
920		50
921		38
922		36
923		59
924		58
925		41
926		37
927		32
928		31
929		31
930		33
931		36
932		37
933		33
934		34
935		18
936		16
937		48
938		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 # 243711

Invoice Date: 08/29/2011 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

ROBERTS KRAMER AI 21
32786
14 22 JO
08/23/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	10.4500	1348.05
1118B	PREMIUM GEL / BENTONITE	217.00	.2000	43.40
1111	GRANULATED SALT (50 #)	250.00	.3500	87.50
1110A	KOL SEAL (50# BAG)	645.00	.4400	283.80
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
369 CEMENT PUMP	1.00	975.00	975.00
369 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
369 CASING FOOTAGE	980.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

=====
 Parts: 1834.58 Freight: .00 Tax: 138.06 AR 3667.64
 Labor: .00 Misc: .00 Total: 3667.64
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32786
LOCATION Ottawa KS
FOREMAN Fred 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
8/23/11	3244	Robert Kramer # AF-2		14	22	JO
CUSTOMER Alta Vista Energy						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	FREMAJ	Safety Mfg	
			368	KENNAM	2H	F
			369	HARBEC	ATB	
			548	DERMAS	DM	

JOB TYPE Longshy HOLE SIZE 6" HOLE DEPTH 990' CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 980' DRILL PIPE Baffle TUBING 950' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug 30'
DISPLACEMENT 5.52 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish circulation. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal NE 100
Polymer Flush. Circulate from pit to condition hole. Mix +
Pump 129 sks 50/50 Por Mix Cement 2 1/2 Gal 5% Salt 5"
Kol Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to Baffle w/ 5.52 BBLs fresh
water. Pressure to 700# PSI. Release pressure to set float
Value. Shut in casing.

Evans Energy Dev Inc. (Kenny)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	30mi	MILEAGE		120 ⁰⁰
5402	980	Casing footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5502C	3hrs	80 BBL Vac Truck		270 ⁰⁰
1124	129 bks	50/50 Por Mix Cement		1348 ⁰⁰
118B	217 #	Premium Gel		434 ⁰⁰
1111	250 #	Granulated Salt		875 ⁰⁰
110A	645 #	Kol Seal		283 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
1401	1/2 Gal	NE 100 Polymer		23 ⁰⁰
			7.525%	SALES TAX ESTIMATED TOTAL
				138.06
				3667.64

243711

Form 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.