



KANSAS CORPORATION COMMISSION 1079949
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 #: _____

<u>01/27/2012</u>	<u>01/31/2012</u>	<u>01/31/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23741-00-00

Spot Description: _____
NE SW SE NE Sec. 19 Twp. 14 S. R. 22 East West
3140 Feet from North / South Line of Section
865 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Guetterman Well #: AI-7

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1020 Kelly Bushing: 1020

Total Depth: 932 Plug Back Total Depth: 890

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 922
feet depth to: 0 w/ 115 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 30 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: 05/01/2012



1079949

Operator Name: Altavista Energy, Inc. Lease Name: Guetterman Well #: AI-7
 Sec. 19 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 type="checkbox"/> Yes <input checked="" 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>856</td> <td>+164</td> </tr> </table>	Name	Top	Datum	Bartlesville	856	+164
Name	Top	Datum					
Bartlesville	856	+164					

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	24	Portland	5	NA
Production	5.625	2.875	6	922	50/50 Poz	115	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	-			

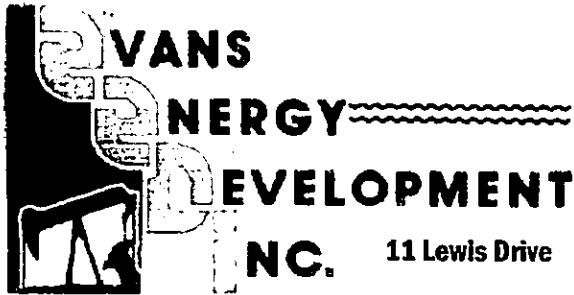
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
3	856-866 - 31 Perfs - 2" DML RTG		

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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.

Guetterman #AI-7

API # 15-091-23,741

January 27 - January 31, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
5	sandstone	17
27	shale	44
11	lime	55
6	shale	61
14	lime	75
11	shale	86
5	lime	91
6	shale	97
25	lime	122
15	shale	137
19	lime	156
8	shale	164
49	lime	213
22	shale	235
10	lime	245
15	shale	260
7	lime	267
8	shale	275
14	lime	289
37	shale	326
23	lime	349
7	shale	356
24	lime	380
5	shale	385
14	lime	399 base of the Kansas City
30	shale	429
6	sand	435
137	shale	572
5	lime	577
14	shale	591
6	lime	597
15	shale	612
3	lime	615
13	shale	628
1	lime	629
44	shale	673
4	lime	677

57	shale	734
8	broken sand	742 light bleeding
115	shale	857
5	oil sand	862 black, good bleeding, good sand
2	broken sand	864 brown & white sand 50% bleeding sand
68	shale	932 TD

Drilled a 9 7/8" hole to 23.7'

Drilled a 5 5/8" hole to 932'

Set 23.7' of 7" surface casing cemented with 5 sacks of cement.

Set 921.75' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffle



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 # 247623

Invoice Date: 01/31/2012 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

GUETTERMAN AI-7
36888
NE 19 14 22 JO
01/31/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	10.9500	1259.25
1118B	PREMIUM GEL / BENTONITE	193.00	.2100	40.53
1111	SODIUM CHLORIDE (GRANULA	242.00	.3700	89.54
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
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
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	922.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1725.65 Freight: .00 Tax: 129.86 AR 3490.51
Labor: .00 Misc: .00 Total: 3490.51
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36888

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

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
1/31/12	3244	Guetterman # AI-7	NE 19	14	22	JO
CUSTOMER <u>Alavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>4595 K-33 Hwy</u>			DRIVER			
CITY <u>Wellsville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66092</u>			TRUCK #			
			DRIVER			

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 932' CASING SIZE & WEIGHT 2 1/8" EOE
 CASING DEPTH 922' DRILL PIPE _____ TUBING baffle - 890' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.17 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 1/2 gal ESA-41 Soap + 1/2 gal HE-100 Polymer followed by 30 bbls fresh water, mixed + pumped 115 stb 50/50 Pozmix cement w/ 2 1/2 gal, 5% salt, 5# Kal Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to baffle plate w/ 5.17 bbls fresh water, pressured to 800 PSI, ~~then~~ released pressure, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		1030.00
5406	30 mi	MILEAGE pump truck		120.00
5402	922'	casing footage		
5407	minimum	ton mileage		350.00
5502C	1.5 hrs	80 Vac		135.00
1124	115 stb	50/50 Pozmix cement 10.85		1259.25
1118B	193 #	Premium Gel .21		40.53
1111	242 #	Salt .37		89.54
1110A	575 #	Kal Seal .46		264.50
4402	1	2 1/2" rubber plug		28.00
1143	1/2 gal	ESA-41		26.20
1401	1/2 gal	HE-100 Polymer		23.63
<u>247623</u>				
			7.525%	SALES TAX
				ESTIMATED TOTAL
				129.86
				3490.51

Form 3737

AUTHORIZATION No Co. Rep. on location

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.