



KANSAS CORPORATION COMMISSION 1081316
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 #: _____

01/24/2012	01/27/2012	01/27/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23498-00-00

Spot Description: _____
SW SE SE NE Sec. 19 Twp. 14 S. R. 22 East West
2910 Feet from North / South Line of Section
640 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson
Lease Name: Guetterman Well #: A-1
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1031 Kelly Bushing: 1031
Total Depth: 936 Plug Back Total Depth: 894
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 926
feet depth to: 0 w/ 116 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: 05/18/2012



1081316

Operator Name: Altavista Energy, Inc. Lease Name: Guetterman Well #: A-1
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bartlesville	866	+165
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

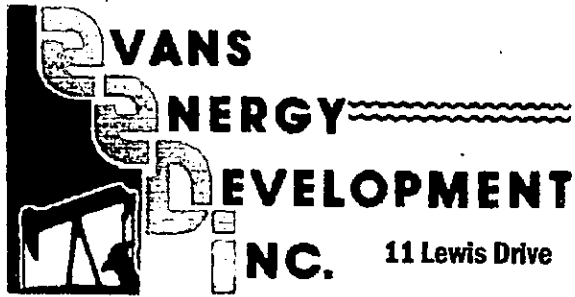
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	20	21	Portland	5	NA
Production	5.625	2.875	6	926	50/50 Poz	116	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	866-876 - 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. 03/27/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls. 2	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <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 #A-1

API # 15-091-23,498

January 24 - January 27, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
5	sandstone	19
35	shale	54
15	lime	69
4	shale	73
15	lime	88
10	shale	98
9	lime	107
6	shale	113
22	lime	135
16	shale	151
20	lime	171
5	shale	176
52	lime	228
20	shale	248
9	lime	257
17	shale	274
5	lime	279
9	shale	288
14	lime	302
24	shale	326
4	lime	330
14	shale	344
21	lime	365
5	shale	370
23	lime	393
3	shale	396
15	lime	411 base of the Kansas City
27	shale	438
6	sand	444
140	shale	584
5	lime	589
13	shale	602
11	lime	613
32	shale	645
3	lime	648
4	shale	652
11	lime	663

84	shale	747
9	broken sand	756 brown & grey sand, lite bleeding
110	shale	866
6	oil sand	872 black good sand and good bleeding
1	broken sand	873 brown & white sand, ok bleeding
2	broken sand	875 brown sand & grey shale, no bleeding sand
61	shale	936 TD

Drilled a 9 7/8" hole to 21.1'

Drilled a 5 5/8" hole to 936'

Set 21.1' of 7" surface casing cemented with 5 sacks of cement.

Set 925.7' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 seating nipple and 1 baffle.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
867		58
868		36
869		40
870		55
871		59
872		57
873		37
874		39
875		43
876		40
877		34
878		36
879		38
880		36
881		33
882		30
883		37
884		34



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 # 247491

Invoice Date: 01/30/2012 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 A1
36900
NE 19 14 22 JO
01/27/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	116.00	10.9500	1270.20
1118B	PREMIUM GEL / BENTONITE	195.00	.2100	40.95
1111	SODIUM CHLORIDE (GRANULA	224.00	.3700	82.88
1110A	KOL SEAL (50# BAG)	580.00	.4600	266.80
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	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	926.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1732.66 Freight: .00 Tax: 130.39 AR 3543.05
Labor: .00 Misc: .00 Total: 3543.05
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 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 36900

LOCATION D+74029

FOREMAN Alan Maden

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
1-27-12	3844	Guetterman A-1	NE 19	14	22	JO
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			516 Alan M Safety Meet			
CITY STATE ZIP CODE <u>Wellsville KS 66792</u>			308 Alan M			
			309 Derek M			
			512 Anna M			

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 936 CASING SIZE & WEIGHT 279
 CASING DEPTH 926 DRILL PIPE _____ TUBING _____ OTHER hubble 895
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 195
 DISPLACEMENT 5.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 gpm

REMARKS: Held crew meet. Mixed & pumped 1/2 gal ESA 41 and 1/2 gal polymer. Circulated well. Mixed & pumped 116 sk 50/50 cement plus 570 gal salt, 5 # kal seal, 29 gal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Evans, Travis

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		7030.00	
5406	30	MILEAGE		120.00	
5402	926	casing footage			
3407	min	for miles		380.00	
5502C	2	80 vac		180.00	
1124	116	50/50 cem		1270.20	
118B	195 #	gel		40.95	
1111	224 #	salt		82.88	
1104	580 #	kal seal		266.80	
1143	1/2 gal	ESA 41		20.20	
1401	1/2 gal	polymer		23.63	
4402		2 1/2 ply		28.00	
				SALES TAX	130.39
				ESTIMATED TOTAL	3543.05

247489

Rev 03/07

NO company rep

AUTHORIZATION Jim Okla

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.