



KANSAS CORPORATION COMMISSION 1081328
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 #: _____
01/10/2012 01/12/2012 01/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23499-00-00
Spot Description: _____
NW NW SW NW Sec. 20 Twp. 14 S. R. 22 East West
3870 Feet from North / South Line of Section
4995 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Guetteman Well #: A-2
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1006 Kelly Bushing: 1006
Total Depth: 915 Plug Back Total Depth: 876
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: 906
feet depth to: 0 w/ 118 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 Gerrits Date: 05/17/2012



1081328

Operator Name: Altavista Energy, Inc. Lease Name: Guetterman Well #: A-2
 Sec. 20 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>849</td> <td>+157</td> </tr> </table>	Name	Top	Datum	Bartlesville	849	+157
Name	Top	Datum					
Bartlesville	849	+157					

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	5	NA
Production	5.625	2.875	6	906	50/50 Poz	118	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	-			

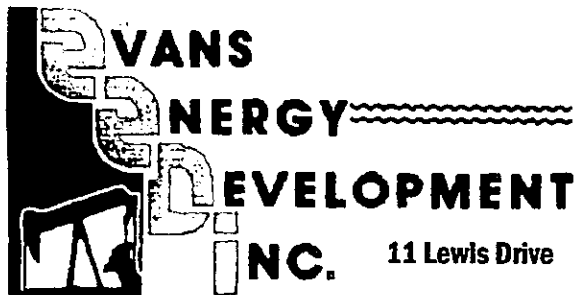
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	849-858 - 28 Perfs - 2" DML RTG		

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. <u>03/27/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	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 #A-2

API # 15-091-23,499

January 10 - January 12, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
2	shale	12
5	sandstone	17
22	shale	39
4	lime	43
17	shale	60
14	lime	74
10	shale	84
7	lime	91
9	shale	100
16	lime	116
18	shale	134
19	lime	153
8	shale	161
42	lime	203
4	shale	207
3	lime	210
24	shale	234
9	lime	243
17	shale	260
7	lime	267
6	shale	273
14	lime	287
24	shale	311
2	lime	313
11	shale	324
26	lime	350
6	shale	356
22	lime	378
4	shale	382
15	lime	397 base of the Kansas City
36	shale	433
6	sand	439
128	shale	567
7	lime	574
12	shale	586
7	lime	593
16	shale	609
4	lime	613

7	shale	620
9	lime	629
22	shale	651 red
6	lime	657
73	shale	730
9	broken sand	739 brown & grey sand, lite bleeding
110.5	shale	849.5
1.5	broken sand	851 white sand, thin bleeding seams
4	oil sand	855 black sand, good sand, good bleeding
2.5	broken sand	857.5 black & white sand, 80% bleeding sand
57.5	shale	915 TD

Drilled a 9 7/8" hole to 23.4'

Drilled a 5 5/8" hole to 915'

Set 23.4' of 7" surface casing cemented with 5 sacks of cement.

Set 905.7' 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>
851		48
852		41
853		35
854		52
855		42
856		32
857		32
858		24
859		29
860		44
861		46
862		46
863		37
864		36
865		36
866		36
867		41
868		36
869		44
870		49



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 # 247099

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Invoice Date: 01/16/2012 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 A-2
36820
NW 20 14 22 JO
01/12/12
KS

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Part Number Description Qty Unit Price Total

1124	50/50 POZ CEMENT MIX	118.00	10.9500	1292.10
1118B	PREMIUM GEL / BENTONITE	199.00	.2100	41.79
1111	SODIUM CHLORIDE (GRANULA	228.00	.3700	84.36
1110A	KOL SEAL (50# BAG)	590.00	.4600	271.40
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)	2.00	90.00	180.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	906.00	.00	.00
558	MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1761.48 Freight: .00 Tax: 132.55 AR 3574.03
Labor: .00 Misc: .00 Total: 3574.03
Sublt: .00 Supplies: .00 Change: .00
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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 785/872-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36820

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/12/12	3244	Guetterman # A-2	NE 1/4 20	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	FREMAD	Safety Mktg	
4595 K33 Highway			495	HARBEC	H/B	
CITY	STATE	ZIP CODE	370	GARMOD	GM	
Wellsville	KS	66592	558	RYASIN	RS	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 915' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 906' DRILL PIPE Baffle in tubing @ 876' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.09 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 50 BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE100
Polymer Flush. Circulate to clean well bore. Mix + Pump 118 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 top. Pressure to 200# PSI. Release pressure &
set float valve. Shut in casing.

Evans Energy Dev Inc (Troy)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	906	Casing Footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	2 hrs	80 BBL Van Truck	370	180 ⁰⁰
1124	118 sks	50/50 Por Mix Cement		1292 ¹⁰
018B	199#	Premium Gel		4179
1111	228#	Granulated Salt		8436
1110A	590#	Kol Seal		27140
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ³⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
<u>247099</u>				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				3574 ⁰³

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.