



KANSAS CORPORATION COMMISSION 1094319
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 #: _____
12/07/2011 12/08/2011 12/08/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28960-00-00
Spot Description: _____
SW NW SE SW Sec. 18 Twp. 17 S. R. 24 East West
820 Feet from North / South Line of Section
3940 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Spindle Well #: A-10
Field Name: _____
Producing Formation: Peru
Elevation: Ground: 1004 Kelly Bushing: 1004
Total Depth: 445 Plug Back Total Depth: 404
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 435
feet depth to: 0 w/ 57 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 Gentry Date: 09/21/2012



1094319

Operator Name: Altavista Energy, Inc. Lease Name: Spindle Well #: A-10
 Sec. 18 Twp. 17 S. R. 24 East West County: Miami

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
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Peru	Datum
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		378
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		+626
List All E. Logs Run:			
Gamma Ray/Neutron/CCL			

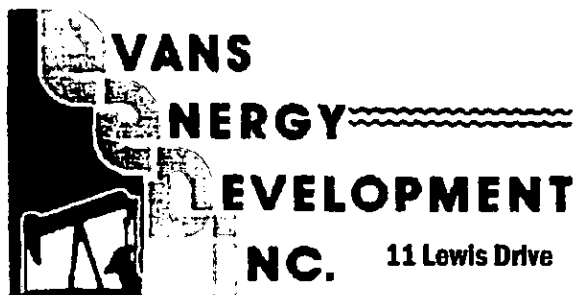
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	20	20	Portland	5	NA
Production	5.625	2.875	6	435	50/50 Poz	57	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	378-394 - 50 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. 9/19/2012			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	2					

DISPOSITION OF GAS:		METHOD OF COMPLETION:		PRODUCTION INTERVAL:
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	_____
<input type="checkbox"/> Used on Lease		<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled	_____
(If vented, Submit ACO-18.)		<input type="checkbox"/> Other (Specify) _____		
		(Submit ACO-5)		(Submit ACO-4)



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive

Paola, KS 66071

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Altavista Energy, Inc.

Spindle #A-10

API # 15-121-28,960

December 7 - December 8, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & clay	2
13	lime	15
20	shale	35
11	lime	46
10	shale	56
2	lime	58
19	shale	77
3	lime	80
44	shale	124
12	lime	136
14	shale	150
27	lime	177
7	shale	184
21	lime	205
	light oil show base of the Kansas City	
3	shale	208
3	lime	211
6	shale	217
4	lime	221
8	shale	229
6	broken sand	235
	brown & green sand, light bleeding	
12	shale	247
2	broken oil sand	249
12	oil sand	261
7	silty shale	268
110	shale	378
3	limey sand	381
	60% bleeding	
1	lime	382
1.5	oil sand	383.5
	ok bleeding, gassy	
0.5	lime	384
0.5	broken sand	384.5
1	limey broken sand	385.5
	80% lime, 20% broken sand	
0.5	broken sand	386
	ok oil show, gassy	
0.5	lime	386.5
3.5	broken sand	390
	light oil show, gassy	
1.5	shale	391.5
	90% shale, 10% sand	
2	broken sand	393.5
36.5	shale	430
5	lime	435

Spindle #A-10

Page 2

8	shale	443
2	lime	445 TD

Drilled a 9 7/8" hole to 20.4'

Drilled a 5 5/8" hole to 445'

Set 20.4' of 7" surface casing cemented with 6 sacks of cement.

Set 435' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 seating nipple, 1 float shoe, 1 baffel and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
378	1	27
379		33
380	1	9
381		30
382		47
383		43
384		44
385		57
386		26
387		45
388		31
389	1	26
390		37
391		40
392		59
393		36
394		45
395		37
396		37
397		39



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 # 246338

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Invoice Date: 12/13/2011 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

SPINDLE A-10
33153
SW 18 17 24 MI
12/08/11
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	57.00	10.9500	624.15
1118B	PREMIUM GEL / BENTONITE	96.00	.2100	20.16
1111	GRANULATED SALT (50 #)	110.00	.3700	40.70
1110A	KOL SEAL (50# BAG)	285.00	.4600	131.10
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)	35.00	4.00	140.00
368 CASING FOOTAGE	435.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 887.94 Freight: .00 Tax: 67.03 AR 2654.97
Labor: .00 Misc: .00 Total: 2654.97
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Well Services, LLC

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

TICKET NUMBER 33153
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-8-11	3244	Spindle A-10	SW 18	17	24	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			516	Alan M	Safety	Meet
MAILING ADDRESS			368	Arten M	AKM	
P.O. Box 128			369	Derek M	DM	
CITY	STATE	ZIP CODE	558	Keith C	KL	
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 445 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 435 DRILL PIPE _____ TUBING _____ OTHER HOY baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
 DISPLACEMENT 2.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated to pit. Mixed & pumped 57 sk 50/50 poz plus 5 1/2 sk Kaliseal, 5 1/2 gal salt 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Evans Energy, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1030.00	
5406	35	MILEAGE		140.00	
5402	435	Casing feetase			
5407	min	Ten miles		350.00	
5502C	2	80 vac		180.00	
1124	57	50/50 poz		624.15	
1118B	96 #	gel		20.16	
1117	110 #	Salt		40.70	
1110A	285 #	Kaliseal		131.10	
1143	1/2 gal	ESA 41		20.20	
1401	1/2 gal	Polymer		23.60	
4402	1	2 1/2 plug		28.00	
				SALES TAX	67.23
				ESTIMATED TOTAL	2654.97

246338

Form 3737

AUTHORIZATION _____ 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