



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



1057487

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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:  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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Middaugh Farm: Miami County

KS State; Well No. AI-34

Elevation 839

Commenced Spuding May 12 20 11

Finished Drilling May 13 20 11

Driller's Name Wesley Dollard

Driller's Name Stephen Scott

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name Town oilfield services

10 (Section) 19 (Township) 24 (Range)

Distance from South line, 3290 ft.

Distance from East line, 3630 ft.

44' 8 5/8 surface pipe

2 hrs labor

6 sacs portland cement

CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_

6 1/2" Set \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_

4" Set 173" 4" Pulled \_\_\_\_\_

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
28	8				
28	7				
29					
29					
28	8	144.3			Baffle
28	7	173			Total

Thickness of Strata	Formation	Total Depth	Remarks
25	soil clay	25	
65	shale	90	
9	red bed	99	
6	shale	105	
2	red bed	107	
2	sandy shale	109	
1	brown sand	110	
1	sand	111	no bleed
3	sand	114	no oil
3	sandy shale	117	75% oil slight bleed
5	sand	122	solid oil good bleed
2	sandy lime	124	75% oil
3	lime	127	no oil
15	shale	142	
1	lime	143	
4	sandy shale	147	
17	shale	164	
7	brown lime	171	
6	shale	177	
1	lime	178	TD



**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 # **241349**

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Invoice Date: 05/16/2011    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

MIDDAUGH AI-34  
31936  
NW 10-19-24 MI  
05/13/2011  
KS

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Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	185.00	.4400	81.40
1111	GRANULATED SALT (50 #)	71.00	.3500	24.85
1118B	PREMIUM GEL / BENTONITE	62.00	.2000	12.40
1124	50/50 POZ CEMENT MIX	37.00	10.4500	386.65
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00
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	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
495 CASING FOOTAGE	173.00	.00	.00
548 MIN. BULK DELIVERY	.50	330.00	165.00

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Parts:	591.13	Freight:	.00	Tax:	44.64	AR	2155.77
Labor:	.00	Misc:	.00	Total:	2155.77		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 31936  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-13-11	3244	Middaugh AI34	NW 10	19	24	Mi
CUSTOMER		TRUCK #		DRIVER	TRUCK #	DRIVER
Altavista Energy		516	Alan M	Safety	Matt	
MAILING ADDRESS		495	Casey K	SK		
P.O. Box 128		370	Arden Mc	SK		
CITY	STATE	ZIP CODE	548	Derek M	BM	
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 178 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 173 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 144' buffer  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 2 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Weld crew meeting. Established rate. Mixed & pumped 1/2 gal ESA 41 + 1/2 gal polymer. Circulated into clean pit. Mixed & pumped 37 SK 50/50 P02 plus 5# Kol-seal, 5# salt, 2# gel. Circulated cement. Flushed pump. Pumped plug to duffie @ 144' well held 800 PST, set float. Closed valve.

TDS Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				975.00
3401	1	PUMP CHARGE		200.00
5406	50	MILEAGE		
5402	173	casing footage		165.00
5407	1/2 min	ton miles		180.00
5502L	2	80 vac		
				81.40
1110A	185 #	Kol Seal		24.85
1111	71 #	salt		12.40
1118B	62 #	gel		386.65
1124	37 SK	50/50 P02		42.00
4404	1	4 1/2 plug		20.20
1143	1/2 gal	ESA 41		23.63
1401	1/2 gal	polymer		
		WD # 241349		
			2.55%	
			SALES TAX	44.64
			ESTIMATED	
			TOTAL	2155.77

Ravin 3737

Bryan Mader

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.