



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: _____



1060653

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				

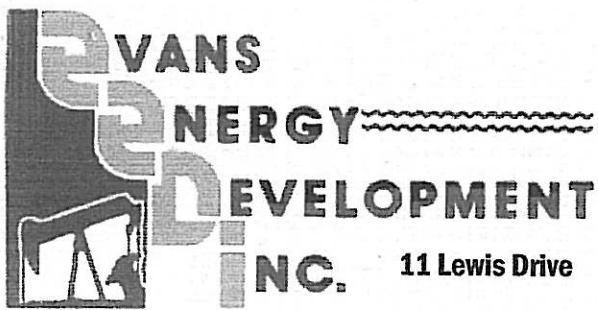
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	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
Altavisita Energy, Inc.
Jim Bell #A-5
API # 15-045-21,728
June 22 - June 24, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
4	lime	14
140	shale	154
6	lime	160
7	shale	167
13	lime	180
9	shale	189
9	lime	198
6	shale	204
31	lime	235
13	shale	248
20	lime	268
72	shale	340
36	lime	376
7	shale	383
9	lime	392
16	shale	408
21	lime	429
21	shale	450
23	lime	473
9	shale	482
22	lime	504
3	shale	507
4	lime	511
3	shale	514
10	lime	524
176	shale	700
5	lime	705
11	shale	716
9	lime	725
10	shale	735
33	lime	768
38	shale	806
5	brown sand	811
3	silty shale	814
18	broken sand	832 good bleeding

2
76

silty shale
shale

834
910 TD

Drilled a 9 7/8" hole to 41.7'

Drilled a 5 5/8" hole to 910'

Set 41.7' of 7" surface casing cemented with 8 sacks of cement.

Set 900.25' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffle, and 1 seating nipple, 1 clamp..

Core Times				
	<u>Minutes</u>	<u>Seconds</u>	<u>Minutes</u>	<u>Second</u>
814		12	834	34
815		15	835	31
816		23	836	15
817		25	837	26
818		28	838	21
819		28	839	20
820		28	840	25
821		29	841	28
822		27	842	22
823		29	843	25
824		26	844	25
825		27	845	20
826		28	846	24
827		28	847	26
828		26	848	29
829		27	849	25
830		27	850	26
831		26	851	29
832		28	852	29
833		32		



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 # 242240

Invoice Date: 06/27/2011 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

J. BELL A-5
32635
NW 1-15-20 DG
06/24/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	117.00	10.4500	1222.65
1118B	PREMIUM GEL / BENTONITE	197.00	.2000	39.40
1111	GRANULATED SALT (50 #)	226.00	.3500	79.10
1110A	KOL SEAL (50# BAG)	585.00	.4400	257.40
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
368 CASING FOOTAGE	900.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1670.38 Freight: .00 Tax: 121.93 AR 3421.31
 Labor: .00 Misc: .00 Total: 3421.31
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32635

LOCATION Ottawa KS

FOREMAN Fred Mader

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
6/24/11	3244	J Bell # A-5	NW 7	15	20	DG
CUSTOMER <u>Alta Vista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			506 Fred Safety Mfg			
CITY STATE ZIP CODE			368 Ken KH			
<u>Wellsville KS 66091</u>			548 Tim FL			
			505/7106 Arlen RR#1			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 910 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 900' DRILL PIPE Baffle TUBING @ 870' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 5.03 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer flush. Circulate from pit to condition hole. Mix Pump 117 SKS 50/50 per Mix Cement 22 Gal 5% Salt 5# Kol Seal per sack. Cement to surface, Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle in casing w/ 5.06 BBL fresh water. Pressure to 750# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc. (Kenny) Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	25	MILEAGE		100 ⁰⁰
5402	900'	Casing footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
5502C	2 hrs	Transport		224 ⁰⁰
1124	117 SKS	50/50 per Mix Cement		1722 ⁶⁵
1118B	197 #	Premium Gel		39 ⁴⁰
1111	226 #	Granulated Salt		79 ¹⁰
1110A	585 #	Kol Seal		257 ⁴⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		28 ⁶³
		WD # 242240		
			7.3%	SALES TAX
				ESTIMATED
				TOTAL

Ravin 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