



**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: \_\_\_\_\_



1060654

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				

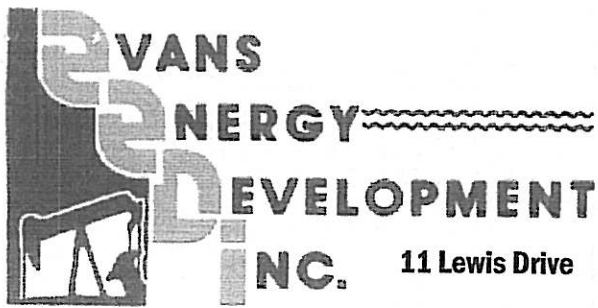
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 (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.

Jim Bell #A-6

API # 15-045-21,729

June 9 - June 13, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
2	lime	10
7	shale	17
6	lime	23
141	shale	164
2	lime	166
7	shale	173
16	lime	189
7	shale	196
13	lime	209
4	shale	213
14	lime	227
119	shale	346
19	lime	365
17	shale	382
13	lime	395
30	shale	425
5	lime	430
26	shale	456
4	lime	460
13	shale	473
2	lime	475
13	shale	488
27	lime	515
184	shale	699
12	lime	711
9	shale	720
26	lime	746
9	shale	755
9	lime	764
24	shale	788
3	lime	791
7	shale	798
18	sand	816
1	lime	817
2	shale	819
3	sand	822
0.5	broken sand	822.5
13.5	oil sand	836

Jim Bell #A-6

Page 2

4	grey sand	840
14	broken sand	854
4	silty shale	860
62	shale	920 TD

Drilled a 9 7/8" hole to 41.6'

Drilled a 5 5/8" hole to 860'

Set 41.6' of 7" surface casing cemented with 8 sacks of cement.

Set 906' of 2 7/8" threaded and coupled 8 round upset tubing including 4 centralizers, 1 float shoe, 1 baffel and one clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
822	1	5
823		32
824		24
825		23
826		25
827		25
828		21
829		23
830		21
831		20
832		24
833		28
834		25
835		33
836		29
837		32
838		37
839		24
840		24
841		33



**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 # 242072

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Invoice Date: 06/22/2011 Terms: 0/0/30,n/30 Page 1  
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ALTAVISTA ENERGY INC  
4595 K-33 HIGHWAY  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

J. BELL A-6  
32601  
NW 1-15-20 DG  
06/13/2011  
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.4500	1358.50
1118B	PREMIUM GEL / BENTONITE	219.00	.2000	43.80
1111	GRANULATED SALT (50 #)	252.00	.3500	88.20
1110A	KOL SEAL (50# BAG)	650.00	.4400	286.00
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	907.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 1848.33 Freight: .00 Tax: 134.93 AR 3613.26  
Labor: .00 Misc: .00 Total: 3613.26  
Sublt: .00 Supplies: .00 Change: .00  
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Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32601  
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
6/13/11	3244	J. Bell # A-6	NW 1	15	20	DG
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			KS			
66092			66092			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8 EDE  
 CASING DEPTH 907' DRILL PIPE Baffle in TUBING 8 7/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 29' + Plug  
 DISPLACEMENT 5.1 BBL 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 130 sks  
 50/50 Por Mix Cement 2% Gel 5% Salt 5" Kol Seal/cask. Cement to  
 surface. Flush pump + lines clean. Displace 2 1/2" Rubber  
 plug to Baffle w/ 5.1 BBL Fresh water. Pressure to 700# 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 <sup>00</sup>
5406	25 mi	MILEAGE		100 <sup>00</sup>
5402	907'	Casing Footage		N/C
5407	minimum	Ten Miles		330 <sup>00</sup>
5502	2 1/2 hrs	80 BBL Voe Truck		225 <sup>00</sup>
1124	130 sks	50/50 Por Mix Cement		1358 <sup>00</sup>
1118B	219 #	Premium Gel		43 <sup>00</sup>
1111	252 #	Granulated Salt		188 <sup>20</sup>
1110A	650 #	Kol Seal		286 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
1443	1/2 Gal	ESA-41		20 <sup>20</sup>
1401	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
		WD# 242072		
		7.3%	SALES TAX	134 <sup>23</sup>
			ESTIMATED TOTAL	3613 <sup>25</sup>

AUTHORIZATION Jim Hecker 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.