



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
-----------------------------------	-----------------	---

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: _____



1064260

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--



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.

Wise #A-2

API # 15-091-23,518

July 22 - July 26, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
68	shale	76
4	lime	80
4	sandstone	84
4	shale	88
15	lime	103
10	shale	113
5	lime	118
45	shale	163
15	lime	178
3	shale	181
49	lime	230
32	shale	262
5	lime	267
21	shale	288
6	lime	294
11	shale	305
9	lime	314
40	shale	354
9	lime	363
2	shale	365
14	lime	379
8	shale	387
24	lime	411 water
4	shale	415
3	lime	418
9	shale	427
4	lime	431 base of the Kansas City
180	shale	611
21	lime	632
12	shale	644
2	lime	646
6	shale	652
2	lime	654
38	shale	692

37	lime	729
15	shale	744
8	lime	752
12	shale	764
11	lime	775
31	shale	806
7	lime	813
77	shale	890
3	lime	893
1	broken sand	894
3.5	oil sand	897.5
3.5	broken sand	901
7	silty shale	908
7	grey sand	915
51	shale	966 TD

Drilled a 9 7/8" hole to 21.2'

Drilled a 5 5/8" hole to 966'

Set 21.2' of 7" surface casing cemented with 6 sacks of cement.

Set 956' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp and 1 baffle

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
891	5	31
892	1	1
893		18
894		35
895		52
896		43
897		34
898		47
899		42
900		40
901		51
902	1	8
903	1	14
904	1	10
905	1	26
906	1	21
907	3	25
908		53
909	1	21
910		26



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 # 242997

Invoice Date: 07/31/2011 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

WISE A-2
32693
SE 16-14-22 JO
07/26/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	139.00	10.4500	1452.55
1118B	PREMIUM GEL / BENTONITE	234.00	.2000	46.80
1111	GRANULATED SALT (50 #)	269.00	.3500	94.15
1110A	KOL SEAL (50# BAG)	695.00	.4400	305.80
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	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	956.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1971.13 Freight: .00 Tax: 148.32 AR 3768.45
Labor: .00 Misc: .00 Total: 3768.45
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32693
LOCATION Ottawa
FOREMAN Alan 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	
7-26-11	3244	Wise # A2	SE 16	14	22	So	
CUSTOMER Atta Vista Energy			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meat	
CITY STATE ZIP CODE Wellsville KS 66092			368	Ken H	Rgt		
			505/1106	Arden Mc	AM		
			543	Derek M	DM		
JOB TYPE	long string	HOLE SIZE	6	HOLE DEPTH	966	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	956	DRILL PIPE		TUBING		OTHER	924
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	5.4	DISPLACEMENT PSI	800	MIX PSI	200	RATE	3 bpm
REMARKS: Held crew meeting. Established rate. Mixed + pumped 60 bbl water with ESA41 & polymer due to not having recirculating pit. Pumped 10 bbl clean water followed by 139 sk 50150 pdz plus 5# Kol seal 5% salt, 2% gel. Circulated cement. Flushed pump. Pumped plug to baffle @ 924'. Well held 800 PSI. Set float. Closed valve.							

Brans Energy, Ken

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5402	956'	casing footage		
5407	min	ton miles		330.00
3501C	2	transport		224.00
11124	139 sk	50150 pdz		1452.55
11183	234 #	gel		46.80
1111	269 #	salt		94.15
1110A	695 #	Kol seal		305.80
1143	1/2	ESA 41		20.20
1401	1/2	polymer	23.63	28.00
1402	1	2 1/2 plug		28.00
		W/D # 242997		
		SALES TAX		148.37
		ESTIMATED TOTAL		3768.45

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.