



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: _____



1064274

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-5
API # 15-091-23,509
July 26 - July 28, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
25	shale	38
26	lime	64
7	shale	71
6	lime	77
5	sandstone	82
2	lime	84
5	shale	89
14	lime	103
23	shale	126
9	lime	135
3	shale	138
13	lime	151
4	shale	155
38	lime	193
32	shale	225
8	lime	233
18	shale	251
9	lime	260
7	shale	267
5	lime	272
43	shale	315
9	lime	324
4	shale	328
45	lime	373
3	shale	376
17	lime	393 base of the Kansas City
171	shale	564
7	lime	571
5	shale	576
2	coal	578
7	shale	585
5	lime	590
16	shale	606

7	lime	613
9	shale	622
11	lime	633
21	shale	654
17	lime	671
4	shale	675
13	lime	688
97	shale	785
6	lime	791
30	shale	821
8	lime	829
18	shale	847
2	lime	849
5	shale	854
2	lime	856
5	shale	861
1	lime	862
5	oil sand	867
5	silty shale	872
62	shale	934 TD

Drilled a 9 7/8" hole to 22.1'

Drilled a 5 5/8" hole to 934'

Set 22.1' of 7" surface casing cemented with 6 sacks of cement.

Set 922.7' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 baffle, 1 seating nipple.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
862	7	0
863		55
864		48
865	1	38
866		50
867	5	13
868		46
869	1	39
870	2	20
871	2	40
872	2	10
873	1	37
874		51
875		47
876	1	14
877	2	15



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 # 243035

=====
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-5
32721
SE 16-14-22 JO
07/28/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	10.4500	1337.60
1118B	PREMIUM GEL / BENTONITE	215.00	.2000	43.00
1111	GRANULATED SALT (50 #)	269.00	.3500	94.15
1110A	KOL SEAL (50# BAG)	640.00	.4400	281.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	923.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.50	112.00	280.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

=====
Parts: 1784.35 Freight: .00 Tax: 134.27 AR 3623.62
Labor: .00 Misc: .00 Total: 3623.62
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32721
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
7/28/11	3244	Wise # A-5	SE 16	14	22	JO
CUSTOMER Attavista Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			389	Casken	ck	
			495	HarBec	HB	
			510	DerMec	DM	
			505-T1010	Art McD		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 934' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 923' DRILL PIPE _____ TUBING _____ OTHER Baffle - 893'
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
DISPLACEMENT 5.19 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal
ESA-41 Soap + 1/2 gal HE-100 Polymer, circulated for 1 hr to condition hole,
mixed & pumped 128 sks 50/50 Pozmix Cement w/ 2% Premium Gel, 5%
Salt + 5# Kol Seal per sk, cement to surface, flushed pump clean,
displaced 2 1/2" rubber plug to casing baffle w/ 5.19 bbls fresh water, pressured
to 700 PSI, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>cement pump</u>		975.00
5406	30	MILEAGE <u>pump truck</u>		120.00
5402	923'	<u>casing footage</u>		
5407	minimum	<u>ton mileage</u>		330.00
5501C	2.5 hrs	<u>water transport</u>		280.00
1124	128 sks	<u>50/50 Pozmix cement</u>		1337.60
1118B	215 #	<u>Premium Gel</u>		43.00
1111	269 #	<u>Salt</u>	.35	94.15
1110A	640 #	<u>Kol Seal</u>	.44	281.60
4402	1	<u>2 1/2" rubber plug</u>		28.00
		<u>with 243035</u>		
			7.525%	SALES TAX
				ESTIMATED TOTAL
				134.27
				3623.62

Revin 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.