



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: _____



1064507

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				

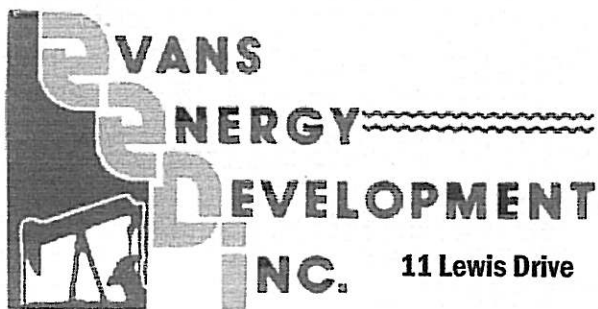
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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.

Robert Kramer #AI-23

API # 15-091-23,544

August 25 - September 2, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
4	sandstone	12
72	shale	84
8	lime	92
12	sandstone	104
16	lime	120
9	shale	129
9	lime	138
17	shale	155
7	lime	162
21	shale	183
12	lime	195
6	shale	201
43	lime	244
3	shale	247
8	lime	255
27	shale	282
8	lime	290
21	shale	311
6	lime	317
10	shale	327
4	lime	331
2	shale	333
5	lime	338
25	shale	363
2	lime	365
20	shale	385
55	lime	440
4	shale	444
6	lime	450
173	shale	623
9	lime	632
5	shale	637
9	lime	646
65	shale	711

2	lime	713
93	shale	806
3	lime	809
98	shale	907
2	lime	909
1	broken sand	910
1	oil sand	911
1	broken sand	912
4	oil sand	916
4	grey sand	920
4	shale	924
3	grey sand	927
54	shale	981 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 981'

Set 22' of 7" surface casing cemented with 6 sacks of cement.

Set 971.4' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 baffel, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
909		28
910		26
911		29
912		21
913		38
914		41
915		46
916		43
917		37
918		24
919		28
920	1	29
921	1	45
922	1	22



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 # 244101

Invoice Date: 09/13/2011 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

KRAMER AI-23
32806
SW 16 14 22 JO
09/02/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	151.00	10.4500	1577.95
1118B	PREMIUM GEL / BENTONITE	404.00	.2000	80.80
1111	GRANULATED SALT (50 #)	292.00	.3500	102.20
1110A	KOL SEAL (50# BAG)	755.00	.4400	332.20
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	.00	.21	.00
453 WATER TRANSPORT	2.00	112.00	224.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 2164.98 Freight: .00 Tax: 162.92 AR 3976.90
 Labor: .00 Misc: .00 Total: 3976.90
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32806

LOCATION Ottawa

FOREMAN Alan Made

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
9-2-11	3274	Kramer AF-23	SW 16	14	22	JD
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			516	Alan M	Safety	Meat
CITY <u>Wellsville</u>			368	Ken H	AK	
STATE <u>KS</u>			453/163	Jim M	JM	
ZIP CODE <u>66092</u>			503	Alan M	AKM	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>980</u>	CASING SIZE & WEIGHT <u>2 1/2</u>			
CASING DEPTH <u>971</u>	DRILL PIPE	TUBING	OTHER <u>buflite 939</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>56 pm</u>			

REMARKS: Held crew meeting. Established rate. Mixed & pumped 1/2 gal ESAH & 1/2 gal polymer. Circulated into clean pit to condition well. Mixed & pumped 151 sk 50/50 po2 plus 5# koseal, 500 gals, 2# gel per sack. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float. Closed valve. Did not have good circulation while conditioning. Ran 150# gel to help circulation.
Frans Energy, Ken

Alan Made

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		Casing footage			
5407	min	ton miles		330.00	
5501C	2	transport		224.00	
1124	151 sk	50/50 po2		1577.95	
1118B	404 #	gel		80.80	
1111	292#	koseal salt		102.20	
1110A	755 #	splicel		332.20	
1143	1/2 gal	ESAH		20.20	
1101	1/2 gal	polymer		23.63	
4402	1	2 1/2 plus		28.00	
				SALES TAX	162.92
				ESTIMATED TOTAL	3976.90

244101

RAVIN 3737
No Rep onsite Jim Green OK'd

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.