



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: _____



1065506

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 Bbbs.	Gas Mcf	Water Bbbs.	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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Thickness of Strata	Formation	Total Depth	Remarks
0-14	Soil / Clay	14	
20	Lime	34	
6	Shale	40	
33	Lime	73	
37	Shale	110	
24	Lime	134	
71	Shale	205	
21	Lime	226	
22	Shale	248	
2	Lime	250	
5	Shale	255	
3	Lime	258	
27	Shale	285	
7	Lime	292	
25	Shale	317	
21	Lime	338	
19	Shale	357	
14	Lime	371	
4	Shale	375	
3	Lime	378	
4	Shale	382	ve
6	Hertha	388	
43	Shale	431	
10	Sand	441	
57 57	Shale	498	No oil, Grey
6	Sand	504	
30	Shale	532	No oil, Grey

542

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	546	
98	Shale	644	Little Imp
4	Lime	648	-Brown, slight bleed
4	Shale	652	
1	Sand	653	Oder, Bleeding, oil
19	Core	672	Perf. 652 - 684, 56-661
66	Shale	738	TP



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 # 243714

Invoice Date: 08/29/2011 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

BROWN AI 1
32784
SE 19 16 21 FR
08/23/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	93.00	10.4500	971.85
1118B	PREMIUM GEL / BENTONITE	157.00	.2000	31.40
1111	GRANULATED SALT (50 #)	180.00	.3500	63.00
1110A	KOL SEAL (50# BAG)	465.00	.4400	204.60
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)	20.00	4.00	80.00
368 CASING FOOTAGE	722.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	1342.68	Freight:	.00	Tax:	104.72	AR	3057.40
Labor:	.00	Misc:	.00	Total:	3057.40		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32784
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
8/23/11	3244	Brown # A.I.1	SE 19	16	21	FR
CUSTOMER			TRUCK #			
Altaulsta Energy			506	FREMAD	Safety MK	DRIVER
MAILING ADDRESS			368	KENHAM	KH	
P.O. Box 128			369	HARBEC	HKB	
CITY			503	TIMLEM	TL	
STATE						
Wellsville						
ZIP CODE						
KS						
66092						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 722' DRILL PIPE Baffle in TUBING @ 690' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug + 32'
 DISPLACEMENT 4 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 93 sks
 50/50 Por Mix Cement 2 3/4 Gal 5% Salt 5# Kol Seal/Sk. Cement to
 surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to
 Baffle in casing w/ 4 BBL Fresh water. Pressure to 800# PSI.
 Release pressure to set Float Valve. Shut in casing

TOS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20	MILEAGE		80 ⁰⁰
5402	722	Casing footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
5502C	2 1/2 hrs	80 BBE Vac Truck		225 ⁰⁰
1124	93 sks	50/50 Por Mix Cement		971 ⁵⁰
1118B	157 #	Premium Gel		31 ⁴⁰
1111	180 #	Granulated Salt		63 ⁰⁰
1110A	465 #	Kol Seal		204 ⁶⁰
4482		2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁵⁰
			7.8%	SALES TAX ESTIMATED TOTAL
				104 ⁷²
				3057 ⁴⁰

Ravin 3737

AUTHORIZATION Jim Holte 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.