



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: _____



1065524

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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Franklin County, KS
Well: Brown AI-3
Lease Owner:Altavista

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
8/25/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-11	Soil/Clay	11
28	Lime	39
4	Shale	43
19	Lime	62
39	Shale	101
25	Lime	126
69	Shale	195
22	Lime	217
11	Shale	228
1	Lime	229
14	Shale	243
6	Lime	249
27	Shale	276
9	Lime	285
7	Shale	292
1	Lime	293
16	Shale	309
24	Lime	333
7	Shale	340
24	Lime	364
4	Shale	368
11	Lime	379
46	Shale	425
7	Sand	432
55	Shale	487
11	Sand	498
38	Shale	536
5	Lime	541
41	Shale	582
8	Lime	590
11	Shale	601
4	Lime	605
21	Shale	626
2	Lime	628
9	Shale	637
5	Lime	642
4	Shale	646
15	Sand	661
4	Sand	665
73	Shale	738-TD

Brown Farm: Franklin County
KS State; Well No. AT-3

Elevation _____
Commenced Spuding 8-25 20 11
Finished Drilling 8-29 20 11
Driller's Name Jeff Town
Driller's Name Wes Pollard
Driller's Name Steve Scott
Tool Dresser's Name _____
Tool Dresser's Name _____
Tool Dresser's Name _____
Contractor's Name TOS
19 16 21

(Section) (Township) (Range)
Distance from S line, _____ ft.
Distance from E line, _____ ft.

3 SACKS

889-903

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
~~7 1/2"~~ Set 22' 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
~~2 1/2"~~ Set 693' Baltic 2" Pulled _____

722 Total, 738TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Brown AI-3

Thickness of Strata	Formation	Total Depth	Remarks
0-11	Soil - clay	11	
28	Lime	39	
4	shale	43	
19	Lime	62	
39	shale	101	
25	Lime	126	
69	shale	195	
22	Lime	217	
11	shale	229	
8	Lime	237	
14	shale	251	
6	Lime	257	
27	shale	284	
9	Lime	293	
7	shale	300	
1	Lime	301	
16	shale	317	
24	Lime	341	
7	shale	348	
24	Lime	372	
4	shale	376	
11	Lime	387	Merthog
46	shale	433	
7	sand	440	NO oil
55	shale	495	
11	sand	506	NO oil
38	shale	544	

536

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	541	
41	Shale	582	
8	Lime	590	
11	Shale	601	
4	Lime	605	
21	Shale	626	
2	Lime	628	
9	Shale	637	
5	Lime	642	Brown
4	Shale	646	
Perf. 15	Sand	661	CORE-14ft. 647-654 Best
4	Shale Shale	665	No oil
		738	T.D.



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 # 243878

Invoice Date: 08/31/2011 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-3
32793
SE 19 16 21 FR
08/29/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	111.00	10.4500	1159.95
1118B	PREMIUM GEL / BENTONITE	187.00	.2000	37.40
1111	GRANULATED SALT (50 #)	215.00	.3500	75.25
1110A	KOL SEAL (50# BAG)	555.00	.4400	244.20
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
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495 CASING FOOTAGE	722.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
503 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts: 1588.63 Freight: .00 Tax: 123.92 AR 3321.55
 Labor: .00 Misc: .00 Total: 3321.55
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32793
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
8/29/11	3244	Brown #AI-3	SE19	16	21	FR
CUSTOMER Altavista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			506	FREMAD	Safety	MMZ
CITY Wellsville	STATE KS	ZIP CODE 66091	495	CASKEN	CIC	
			-	ARLMCD	ARM	
			503	GARMOO	GM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 731 CASING SIZE & WEIGHT 2 1/2 FUE
CASING DEPTH 722 DRILL PIPE Best TUBING 693 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plyt 30'
DISPLACEMENT 4.03 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer
Flush. Circulate from pit to condition hole. Mix + Pump
111 SKS 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal
per sack. Cement to surface. Flush pump & lines clean. Displace
2 1/2" Rubber plug to battie w/ 4.03 BBLS fresh water. Pressure
to 750# PSI. Release pressure to set float valve. Shut in
Casing.

T.O.S. Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	20	MILEAGE	495	80 ⁰⁰
5402	722'	Casing footage		11/c
5407	Minimum	Ton Miles		330 ⁰⁰
5501C	2 hrs	Transport		224 ⁰⁰
1124	111 SKS	50/50 Poz Mix Cement		1159.25
1115B	187 #	Premium Gel		37.40
111	215 #	Granulated Salt		75.25
1110A	555 #	Kol Seal		244.20
4402	1	2 1/2" Rubber plug		26.00
1143	1/2 Gal	ESA-41		20.20
1401	1/2 Gal	HE 100 Polymer		23.60
			7.8%	SALES TAX
				ESTIMATED TOTAL
				3321.55

243878

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.