



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: _____



1065525

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: _____ _____
---	---	--

Franklin County, KS
Well: Brown AI-4
Lease Owner:Altavista

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

Commenced Spudding:
9/12/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
4	Lime	10
8	Shale	18
12	Lime	30
3	Shale	33
20	Lime	53
37	Shale	90
21	Lime	111
73	Shale	184
24	Lime	208
24	Shale	232
7	Lime	239
28	Shale	267
8	Lime	275
7	Shale	282
2	Lime	284
14	Shale	298
24	Lime	322
7	Shale	329
24	Lime	353
4	Shale	357
11	Lime	368
52	Shale	420
5	Sand	425
58	Shale	483
8	Sand	491
31	Shale	522
8	Lime	530
3	Shale	533
5	Lime	538
36	Shale	574
6	Lime	580
13	Shale	593
3	Lime	596
6	Shale	602
1	Lime	603
3	Shale	606
7	Lime	615
15	Shale	628
5	Lime	633

Brown Farm: Franklin County
 KS State: Well No. AI-4

Elevation _____
 Commenced Spuding 9-12 20 M
 Finished Drilling 9-14 20 11
 Driller's Name Wes Dollard
 Driller's Name Chad Weaver
 Driller's Name _____
 Tool Dresser's Name Jeff Tawn
 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 SACK

982-992

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 ~~8~~" Set 22.5 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set 717.25 2" Pulled _____

Ø 85.95 Baffle

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
0-6	soil-clay	6	
4	Lime	10	
8	shale	18	Some water
12	Lime	30	
3	Shale	33	
20	Lime	53	
37	Shale	90	
21	Lime	111	
73	Shale	184	
24	Lime	208	
24	Shale	232	
7	Lime	239	
28	Shale	267	
8	Lime	275	
7	Shale	282	
2	Lime	284	
14	Shale	298	
24	Lime	322	
7	Shale	329	
24	Lime	353	
4	shale	357	
11	Lime	368	Merfha
52	shale	420	
5	sand	425	
58	shale	483	
8	sand	491	
31	shale	522	

522

Thickness of Strata	Formation	Total Depth	Remarks
8	Lime	530	
3	Shale	533	
5	Lime	538	
36	Shale	574	
6	Lime	580	
13	Shale	593	
3	Lime	596	
6	Shale	602	
1	Lime	603	
3	Shale	606	
7	Lime	613	
15	Shale	628	
5	Lime	633	Good art bleed, Bottom 2
4	Shale	637	
1	Sand	638	Grey
19	Core	657	Perf. 640-646
81	Shale	738	T.D

Core

138-657

Thickness of Strata	Formation	Total Depth	Remarks
24"	Sand	24	Grey
72"	Sand	96	Oil; Mostly Solid, 70% oil
15	Sand	111	5% oil
117	Sandy Shale	228	No oil



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 # 244281
 =====
 Invoice Date: 09/19/2011 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

BROWN AI-4
 32818
 NE 19 16 20 FR
 09/14/2011
 KS

=====

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	99.00	10.4500	1034.55
1118B	PREMIUM GEL / BENTONITE	166.00	.2000	33.20
1111	GRANULATED SALT (50 #)	191.00	.3500	66.85
1110A	KOL SEAL (50# BAG)	495.00	.4400	217.80
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)	15.00	4.00	60.00
368 CASING FOOTAGE	717.00	.00	.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

=====

Parts:	1424.23	Freight:	.00	Tax:	111.08	AR	3124.31
Labor:	.00	Misc:	.00	Total:	3124.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32818
LOCATION Ottawa
FOREMAN Alan Made

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-11	3244	Brown AI-4	NE 19	16	20	FR
CUSTOMER Altavista Energy			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 66092	TRUCK #		DRIVER
			516 Alan M		507 Meet	
			368 Ken H		94	
			305/1105 ARM		ARM	
			558 Derek M		DM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 738 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 717 DRILL PIPE _____ TUBING _____ OTHER baffle 685
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Hold crew meet. Established rate. Mixed & pumped
1/2 gal F.S.A 41 & 1/2 gal polymer. Circulated into clean
pit. Mixed & pumped 99 sk 50/50 poz plus 5 #
kol seal 5% salt, 29 gal per sack. Circulated cement,
flushed pump, pumped plug to baffle. Well held
800 PSI. Set float closed valve.

TOS, Jeff Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		975.00	
5406	15	MILEAGE		60.00	
5402	717	casing footage			
5407	min	ten miles		330.00	
5501C	2	transport		224.00	
1124	99 sk	50/50 poz		1034.55	
1118B	166 #	gc		33.20	
1111	191 #	salt		66.85	
1110A	495 #	kol seal		217.80	
1143	1/2 gal	F.S.A 41		20.20	
1401	1/2 gal	Polymer		23.53	
4402	1	2 1/2 plug		28.00	
				SALES TAX	111.08
				ESTIMATED TOTAL	3124.31

244281

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.