



**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: \_\_\_\_\_



106528

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-8  
Lease Owner:Altavista

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

Commenced Spudding:  
9/15/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil/Clay	10
6	Lime	16
6	Shale	22
14	Lime	36
4	Shale	40
16	Lime	56
41	Shale	97
25	Lime	122
69	Shale	191
22	Lime	213
25	Shale	238
6	Lime	244
27	Shale	271
9	Lime	280
25	Shale	305
23	Lime	328
7	Shale	335
23	Lime	358
3	Shale	361
13	Lime	374
47	Shale	421
6	Sand	427
58	Shale	485
10	Sand	495
40	Shale	535
5	Lime	540
30	Shale/Shells	570
2	Lime	572
4	Shale	576
4	Lime	580
32	Shale	612
1	Lime	613
8	Shale	621
2	Lime	623
7	Shale	630
5	Lime	635
5	Shale	640
19	Core	659
79	Shale	738-TD



Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil/Clay	10	
6	Lime	16	
6	Shale	22	
14	Lime	36	
4	Shale	40	
10	Lime	50	
41	Shale	91	
25	Lime	122	
22	Shale	144	
22	Lime	166	
25	Shale	191	
6	Lime	244	
27	Shale	271	
9	Lime	280	
25	Shale	305	
23	Lime	328	
7	Shale	335	
23	Lime	358	
3	Shale	361	
13	Lime	374	Hertha
47	Shale	421	
6	Sand	427	No oil
58	Shale	485	
10	Sand	495	No oil
40	Shale	535	
5	Lime	540	
30	Shale/Shell	570	

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-3-

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**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 # 244440

Invoice Date: 09/23/2011 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-8  
32868  
NE 19 16 21 FR  
09/20/2011  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	172.00	.2000	34.40
1111	GRANULATED SALT (50 #)	197.00	.3500	68.95
1110A	KOL SEAL (50# BAG)	510.00	.4400	224.40
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
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	715.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	.50	330.00	165.00

Parts: 1465.48 Freight: .00 Tax: 114.30 AR 2979.78  
 Labor: .00 Misc: .00 Total: 2979.78  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32868  
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
9/20/11	3244	Brown # AI-8	NE 19	16	21	FR
CUSTOMER <u>Altavista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 128</u>			<u>506</u>	<u>FREMAD</u>	<u>Safety Way</u>	<u>W44</u>
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	<u>368</u>	<u>KENHAM</u>	<u>KA</u>	<u>1</u>
JOB TYPE <u>longstrip</u>			HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>735'</u>	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>	
CASING DEPTH <u>7.5'</u>			DRILL PIPE <u>Baffle</u>	TUBING @ <u>685'</u>	OTHER _____	
SLURRY WEIGHT _____			SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>30' x Plug</u>	
DISPLACEMENT <u>4 BBL</u>			DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 BPM</u>	
REMARKS: <u>Establish pump rate. Mix &amp; Pump 1/2 Gal ESA-41 &amp; 1/2 Gal HE-100</u> <u>Polymer Flush. Circulate from pit to condition hole. Mix &amp;</u> <u>pump 102 sks 50/50 Poz Mix Cement 29 Gal 5% Salt 5# Kol Seal /</u> <u>sk Cement to surface. Flush Pump &amp; lines clean. Displace</u> <u>2 1/2" Rubber Plug to casing TD w/ 4 BBL Fresh water. Pressure</u> <u>to 700# PSI. Release pressure to set float valve. Shut in</u> <u>casing.</u>						

TOS Drilling (Jeff)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 <sup>00</sup>
5406	20 mi	MILEAGE	368	80 <sup>00</sup>
5402	715'	Casing footage		N/C
5409	1/2 minimum	Ten Miles	510	165 <sup>00</sup>
5502C	2 hrs	80 BBL Vac Truck	370	180 <sup>00</sup>
1124	102 sks	50/50 Poz Mix Cement		1065 <sup>90</sup>
1115B	172#	Premium Gel		34 <sup>40</sup>
1111	192#	Granulated Salt		268 <sup>25</sup>
1110A	510#	Kol Seal		224 <sup>40</sup>
4402	1	2 1/2" Rubber Plug		26 <sup>00</sup>
1143	1/2 Gal	ESA-41		20 <sup>20</sup>
1401	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
			7.5%	SALES TAX
				ESTIMATED TOTAL

244440

SALES TAX 114<sup>30</sup>  
ESTIMATED TOTAL 2979<sup>78</sup>

Ravin 3737

AUTHORIZATION Wesley Dallard 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.