



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: _____



1069787

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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Franklin County, KS
Well: Brown A-1
Lease Owner:Altavista

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

Commenced Spudding:
8/15/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	Soil/Clay	13
15	Lime	28
6	Shale	34
32	Lime	66
18	Shale	84
6	Lime	90
14	Shale	104
27	Lime	131
68	Shale	199
21	Lime	220
25	Shale	245
5	Lime	250
32	Shale	282
6	Lime	288
25	Shale	313
20	Lime	333
7	Shale	340
25	Lime	366
4	Shale	370
14	Lime	384
43	Shale	427
11	Sand	438
58	Sandy Shale	496
7	Sand	503
35	Shale	538
2	Lime	540
40	Shale	580
5	Lime	585
15	Shale	600
6	Lime	606
11	Shale	617
2	Lime	619
19	Shale	638
4	Lime	642
4	Shale	646
19	Sand	665
15	Sandy Shale	680
62	Shale	742
4	Sand	746
8	Shale	754

Thickness of Strata	Formation	Total Depth	Remarks
0-13	Soil/Clay	13	
15	Lime	28	
6	Shale	34	
32	Lime	66	
18	Shale	84	
6	Lime	90	Some Red Bed
14	Shale	104	
27	Lime	131	
68	Shale	199	
21	Lime	220	
25	Shale	245	
5	Lime	250	
32	Shale	282	
4	Lime	286	
25	Shale	313	
20	Lime	333	
7	Shale	340	
25	Lime	366	
4	Shale	370	
14	Lime	384	
43	Shale	427	
11	Sand	438	
50	Sandy Shale	490	No oil
7	Sand	503	
35	Shale	538	away, No oil
2	Lime	540	
40	Shale	580	

580

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	585	
15	Shale	600	
6	Lime	606	
11	Shale	617	
2	Lime	619	
19	Shale	638	
4	Lime	642	Some oil, Little bleed
4	Shale	646	No oil, Grey
19	Sand	665	Cored at 647↓
15	Sandy Shale	680	No oil
62	Shale	742	TD
4	Sand	746	Grey
8	Shale	754	
4	Sand	758	Grey
1	Lime	759	TD



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 # 243632

Invoice Date: 08/25/2011 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 A-1
32783
NE 19 16 21 FR
08/17/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	10.4500	1045.00
1118B	PREMIUM GEL / BENTONITE	168.00	.2000	33.60
1111	GRANULATED SALT (50 #)	194.00	.3500	67.90
1110A	KOL SEAL (50# BAG)	500.00	.4400	220.00
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	735.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00

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Parts: 1438.33 Freight: .00 Tax: 112.19 AR 3103.52
Labor: .00 Misc: .00 Total: 3103.52
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32783

LOCATION Ottawa KS

FOREMAN Fred Maden

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
8/17/11	3244	Brown. A-1	NE 19	16	21	PR
CUSTOMER Alta Vista Energy						
MAILING ADDRESS P.O. Box 128			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wellsville			506	FREMAD	Safety Way	
STATE KS	ZIP CODE 66092	505/1106		CASHEN	CK	
		503		ARLMCD	DP	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 735 DRILL PIPE Battler TUBING @ 704' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31'
 DISPLACEMENT 4.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation Mix + Pump @ 1/2 Gal ESA -41 + 1/2 Gal HE-100
 Polymer Flush. Mix + Pump 100 SKS 50/50 Por Mix Cement 270 Gal
 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump & lines
 clean. Displace 2 1/2" Rubber plug to Battler w/ 4.1 BBL fresh
 water. Pressure to 750# PSI. Release pressure to set float
 value. Shut in casing

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	20	MILEAGE	495	9900.00
5402	735	Casing footage		NK
5407	Minimum	Ton Miles	503	3300.00
5501C	1 1/2 hrs	Transport	505/1106	1680.00
1124	100 SKS	50/50 Por Mix Cement		1045.00
1118B	168#	Premium Gel		3360.00
1111	194#	Granulated Salt		6720.00
1110A	500#	Kol Seal		2200.00
4402	1	2 1/2" Rubber Plug		280.00
1143	1/2 Gal	ESA-41		2020.00
1401	1/2 Gal	HE-100 Polymer		2365.00
			7.8%	SALES TAX
				ESTIMATED TOTAL

2/3632

Flavin 3737

AUTHORIZATION Jeff Thurn

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.