



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: _____



1069793

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 A-3
 Lease Owner: Altavista

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

Commenced Spudding:
 8/29/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil	10
10	Lime	20
7	Shale	27
10	Lime	37
4	Shale	41
19	Lime	60
39	Shale	99
21	Lime	120
73	Shale	193
21	Lime	214
27	Shale	241
5	Lime	246
28	Shale	274
9	Lime	283
24	Shale	307
24	Lime	331
7	Shale	338
24	Lime	362
4	Shale	366
10	Lime	376
48	Shale	424
6	Sand	430
56	Shale	486
10	Sand	496
38	Shale	534
5	Lime	539
41	Shale	580
4	Lime	584
16	Shale	600
3	Lime	603
32	Shale	635
3	Lime	638
4	Shale	642
1	Sand	643
20	Core	663
95	Shale	758-TD

Brown Farm: Franklin County

KS State; Well No. A3

Elevation 960 Est.

Commenced Spuding 8-29 .20 11

Finished Drilling 8-31 .20 11

Driller's Name Jett Town

Driller's Name Wes Dollard

Driller's Name

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, 4455 ft.

Distance from E line, 165 ft.

1 core

903-914

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/2" Set 21,35 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 1/2" Set 731' 2" Pulled _____

700 to baffle @ 38 to

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. and multiple rows for data entry.

Seat nipple

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil/Clay	10	
10	Lime	20	
7	Shale	27	
10	Limp	37	
4	Shale	41	
19	Lime	60	
39	Shale	99	
21	Lime	120	
73	Shale	193	
21	Limp	214	
27	Shale	241	
5	Lime	246	
28	Shale	274	
9	Lime	283	
24	Shale	307	
24	Lime	331	
7	Shale	338	
24	Limp	362	
4	Shale	366	
10	Lime	376	Hertha
48	Shale	424	
6	Sand	430	No oil
54	Shale	484	
16	Skid	494	No oil
38	Shale	534	
5	Limp	539	
41	Shale	580	

580

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	584	
16	Shale	600	
3	Lime	603	
32	Shale	635	
3	Lime	638	Brown
4	Shale	642	
1	Sand	643	
20	Core	663	Perf. 642-656
95	Shale	758	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 # 243949

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Invoice Date: 08/31/2011 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 A3
32767
NE 19 16 20 FR
08/31/2011
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	102.00	10.4500	1065.90
1118B	PREMIUM GEL / BENTONITE	171.00	.2000	34.20
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
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	731.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 1465.28 Freight: .00 Tax: 114.29 AR 3169.57
Labor: .00 Misc: .00 Total: 3169.57
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

WORLD, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32767
LOCATION Ottawa
FOREMAN Alan 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
8-31-11	3244	Brown A3	N/E 19	16	20	FR
CUSTOMER Altavista Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			516	Alan	Safety	Meat
CITY STATE ZIP CODE Wellsville KS 66092			368	Ken H	5th	
			368	Chris B	CB	
			348	Gary M	GM	

JOB TYPE long string HOLE SIZE 3 1/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 731 DRILL PIPE _____ TUBING _____ OTHER batfile @ 20
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4561 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Hold crew meeting. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer. Circulated into pit.
Mixed & pumped 102 sk 50150 P02 plus 5 # Kolseal 500 salt, 2% gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 # PST, Set float, Closed valve.

TOS, Jeff

Alan Mader

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	731	casing footage			
5407	min	ten miles		330.00	
5502C	2 1/2	80 vac		225.00	
1124	102 # SK	50150 P02		1065.90	
118B	171 #	gel		34.20	
1111	197 #	salt		68.95	
110A	510 #	Kolseal		224.40	
1143	1/2 gal	ESA 41		20.20	
1401	1/2 gal	polymer		23.63	
4402	1	2 1/2 plug		28.00	
				SALES TAX	111.29
				ESTIMATED TOTAL	3169.57

24394.9

Ravin 3737 AUTHORIZATION *John Heik* 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.