



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: _____



1069795

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 Bbbs.	Gas Mcf	Water Bbbs.	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-4
 Lease Owner: Altavista

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

Commenced Spudding:
 9/14/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil-Clay	10
7	Lime	17
8	Shale	25
10	Lime	35
4	Shale	39
17	Lime	56
39	Shale	95
22	Lime	117
73	Shale	190
22	Lime	212
24	Shale	236
8	Lime	244
26	Shale	270
9	Lime	279
25	Shale	304
23	Lime	327
7	Shale	334
23	Lime	357
5	Shale	362
11	Lime	373
47	Shale	420
6	Limey Sand	426
56	Shale	482
8	Sand	490
42	Shale	532
6	Lime	538
39	Shale	577
6	Lime	583
12	Shale/Shells	595
5	Lime	600
31	Shale	631
6	Lime	637
3	Shale	640
1	Sand	641
18	Core	659
99	Shale	758-TD

SUPPLY 1

B' FROM TO TALLY OF THREAD ON R.R. OR NO.

Brown Farm: Franklin County

KS State; Well No. A-4

Elevation 949

Commenced Spuding Sept 14 20 11

Finished Drilling Sept 16 20 11

Driller's Name Jeff Town

Driller's Name Wesley Dollard

Driller's Name

Tool Dresser's Name Chad Weaver

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

19 16 21

(Section) (Township) (Range) Distance from S line 4125 ft.

Distance from E line 495 ft.

3 sacks portland

CASING AND TUBING MEASUREMENTS

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

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 22 7 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

(7)

BUCK

FROM _____

TO _____

TALLY OF _____

THREAD _____

ON P.S. OF TRUCK CO. _____

NO. _____ FEET _____

Thickness of Strata	Formation	Total Depth	Remarks
0-10	Soil - clay	10	
7	Lime	17	
8	Shale	25	
10	Lime	35	
4	Shale	39	
17	Lime	56	
39	Shale	95	
22	Lime	117	
73	Shale	190	
22	Lime	212	
24	Shale	236	
8	Lime	244	
26	Shale	270	
9	Lime	279	
25	Shale	304	
23	Lime	327	
7	Shale	334	
23	Lime	357	
5	Shale	362	
11	Lime	373	Hertha
47	Shale	420	
6	limy sand	426	no oil
56	Shale	482	
8	sand	490	no oil
42	Shale	532	
6	Lime	538	
39	Shale	577	

8

BUG

577

FROM	
TO	
TALLY OF	SIZE
THREAD	
ON (R/S OF TRUCK	
NO	F
1	
2	
3	

Thickness of Strata	Formation	Total Depth	Remarks
6	Lime	583	
12	Shale / shells	595	
5	Lime	600	
31	Shale	631	
6	Lime	637	Dil, good bleed
3	Shale	640	
1	Sand	641	grey No Oil
18	Core	659	
99	Shale	758	TD

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CORE

A-4 BROWN

Thickness of Strata	Formation	Total Depth	Remarks
		641	
15	sand	656	Solid Oil
3	sand	659	no oil



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 # 244430

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 A-4
32863
SE 19 16 21 FR
09/16/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.4500	1076.35
1118B	PREMIUM GEL / BENTONITE	174.00	.2000	34.80
1111	GRANULATED SALT (50 #)	199.00	.3500	69.65
1110A	KOL SEAL (50# BAG)	515.00	.4400	226.60
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
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
368 CASING FOOTAGE	731.00	.00	.00
505 MIN. BULK DELIVERY	1.00	330.00	330.00
558 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

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Parts: 1479.23 Freight: .00 Tax: 115.37 AR 3203.60
Labor: .00 Misc: .00 Total: 3203.60
Sublt: .00 Supplies: .00 Change: .00
=====

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 32863
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
9/16/11	3244	Brown #A.4	SE 19	16	21	FR
CUSTOMER			TRUCK #			
Alta Vista Energy			506	FREMAD	Safety Mtz	DRIVER
MAILING ADDRESS			368	KENHAM	KH	
P.O. Box 128			505/1106	ARLMCD	ARM	
CITY	STATE	ZIP CODE	558	GARMOD	GM	
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 758' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 731' DRILL PIPE Baffle @ TUBING 700' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 4.07 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE 100
Polymer Flush. Circulate from pit to condition hole. Mix Pump
103 sks 50/50 Poz Mix Cement 2 3/4 Gal 5% Salt 5th Kol Seal/sks.
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
Rubber plug to ~~case~~ Baffle in casing w/ 4.07 BBL Fresh water.
Pressure to # PSI. Release pressure to set float valve.
Shut in casing

705 Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20 mi	MILEAGE		80 ⁰⁰
5402	731	Casing Footage		N/C
5407	Minimum	Ten Miles		330 ⁰⁰
5501C	2 hrs	Transport		224 ⁰⁰
1124	103 sks	50/50 Poz Mix Cement		1076 ³⁵
118B	174#	Premium Gel		34 ⁸⁰
1111	199#	Granulated Salt		69 ⁶⁵
1110A	515#	Kol Seal		226 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer.		23 ⁶³
		244430	7.8%	SALES TAX
				ESTIMATED TOTAL
				115 ³⁷
				3203 ⁶⁰

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.