



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: _____



1069811

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Franklin County, KS
Well: Brown A-9
Lease Owner:Altavista

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

Commenced Spudding:
10/4/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil/Clay	4
4	Lime	8
7	Shale	15
12	Lime	27
4	Shale	31
18	Lime	49
33	Shale	82
1	Lime	83
4	Shale	87
29	Lime	116
66	Shale	182
22	Lime	204
26	Shale	230
6	Lime	236
16	Shale	252
8	Lime	260
4	Shale	264
9	Lime	273
6	Shale	279
2	Lime	281
16	Shale	297
23	Lime	320
8	Shale	328
23	Lime	351
4	Shale	355
5	Lime	360
2	Shale	362
5	Lime	367
47	Shale	414
9	Sand	423
55	Shale	478
21	Lime	499
15	Shale	514
10	Lime	524
3	Shale	527
7	Lime	534
7	Shale	541
7	Lime	548
26	Shale	574
8	Lime	582

Brown Farm: Franklin County

KS State; Well No. A-9

Elevation 944

Commenced Spuding Oct 4 20 11

Finished Drilling Oct 6 20 11

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

19 16 21

(Section) (Township) (Range)

Distance from S line, 3795 ft.

Distance from E line, 825 ft.

3 sacs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 21 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

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

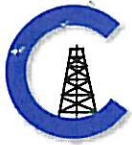
Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil - clay	4	
4	Lime	8	
7	shale	15	
12	Lime	27	
4	shale	31	
18	Lime	49	
33	shale	82	
1	Lime	83	
4	shale	87	
29	Lime	116	
66	shale	182	
22	Lime	204	
26	shale	230	
6	Lime	236	
16	shale	252	
8	Lime	260	
4	shale	264	
9	Lime	273	
6	shale	279	
2	Lime	281	
16	shale	297	
23	Lime	320	
8	shale	328	
23	Lime	351	
4	shale	355	
5	Lime	360	
2	shale	362	

362

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	367	
47	Shale	414	Hertha
9	Sand	423	
55	Shale	478	no oil
21	Lime	499	
15	Shale	514	
10	Lime	524	
3	Shale	527	
7	Lime	534	
7	Shale	541	
7	Lime	548	
26	Shale	574	
8	Lime	582	
9	Shale	591	
4	Lime	595	
9	Shale	604	
3	Lime	607	
4	Shale	611	
2	Lime	613	
14	Shale	627	
5	Lime	632	Oil good bleed
4	Shale	636	
2	Sand	638	no oil
19	CORE	657	
19	sandy shale	676	
74	Shale	750	TD

CORE

Thickness of Strata	Formation	Total Depth	Remarks
		638	
1	sand	639	20% oil
1	sand	640	Solid oil
2	sand	642	50% oil
3	sand	645	75% oil
1	sand	646	5% oil
8.5	sand	654.5	laminated 30-40% oil
2.5	sandy shale	657	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 # 244841

Invoice Date: 10/17/2011 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-9
32895
NE 19 16 21 FR
10/06/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	91.00	10.4500	950.95
1118B	PREMIUM GEL / BENTONITE	153.00	.2000	30.60
1111	3 GRANULATED SALT (50 #)	176.00	.3500	61.60
1110A	KOL SEAL (50# BAG)	455.00	.4400	200.20
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	732.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1315.18 Freight: .00 Tax: 102.58 AR 2982.76
Labor: .00 Misc: .00 Total: 2982.76
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 32895

LOCATION Ottawa KS

FOREMAN Fred Madu

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/6/11	3244	Brown # A-9	NE 19	16	21	FR

CUSTOMER
Altavista Energy

MAILING ADDRESS
P.O. Box 128

CITY
Wellsville

STATE
KS

ZIP CODE
66092

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAD	Safety	WJ
368	APLMCD	ARM	
370	DERMAS	DM	
558	GARMOO	CM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 3/8 EUE

CASING DEPTH 7.32j DRILL PIPE Baffle @ TUBING 701' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + 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 91 sks 50/50 Poz Mix Cement 22 Gal 5% Salt 5"
Kal Seal per sack. Cement to surface. Flush pump + lines
clean. Displace 2 1/2" Rubber plug to Baffle in casing w/ 4.07
BBL Fresh water. Pressure to 700# PSI. Release pressure
to set float valve. Shot in casing.

TOS Drilling - (wes)

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	20mi	MILEAGE	368	80 ⁰⁰
5402	732	Casing Footage		N/C
5407	Minimum	Ten Miles	558	330 ⁰⁰
55020	2hrs	- 80 BBL Vac Truck	369	180 ⁰⁰
1124	91 sks	50/50 Poz Mix Cement		950 ⁹⁵
1118B	153 #	Premium Gel		30 ⁶⁰
1111	176 #	Granulated Salt		61 ⁶⁰
1110A	455 #	Kal Seal		200 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ⁰⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
			7.8	SALES TAX
				ESTIMATED
				TOTAL

244841

Ravin 3737

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.