



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: _____



1069813

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown A-11
Lease Owner:Altavista

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

Commenced Spudding:
9/26/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
1	Lime	13
5	Shale	18
14	Lime	32
8	Shale	40
10	Lime	50
4	Shale	54
16	Lime	70
42	Shale	112
25	Lime	137
70	Shale	207
22	Lime	229
26	Shale	255
6	Lime	261
25	Shale	286
10	Lime	296
7	Shale	303
1	Lime	304
17	Shale	321
23	Lime	344
11	Shale	355
19	Lime	374
5	Shale	379
3	Lime	382
3	Shale	385
6	Lime	391
49	Shale	440
4	Sandy Lime	444
57	Shale	501
7	Sand	508
43	Shale	551
9	Lime	560
11	Shale	571
5	Lime	576
8	Shale	588
9	Lime	597
12	Shale	609
3	Lime	612
10	Shale	622
5	Lime	627

Thickness of Strata	Formation	Total Depth	Remarks
0-12	soil-clay	12	
1	Lime	13	
5	shale	18	
14	Lime	32	
8	shale	40	
10	Lime	50	
4	shale	54	
16	Lime	70	
42	shale	112	
25	Lime	137	
70	shale	207	
22	Lime	229	
26	shale	255	
6	Lime	261	
25	shale	286	
10	Lime	296	
7	shale	303	
1	Lime	304	
17	shale	321	
23	Lime	344	
11	shale	355	
19	Lime	374	
5	shale	379	
3	Lime	382	
3	shale	385	
6	Lime	391	Hertha
49	shale	440	

440

Thickness of Strata	Formation	Total Depth	Remarks
4	sandy lime	444	
57	Shale	501	NO oil
7	sand	508	
43	Shale	551	NO oil
9	Lime	560	
11	Shale	571	
5	Lime	576	
8	Shale	588	
9	Lime	597	
12	Shale	609	
3	Lime	612	
10	Shale	622	
5	Lime	627	
5	shale	632	
3	Lime	635	
7	Shale	642	
1	Lime	643	
6	Lime	649	NO Oil
4	Shale	653	some oil slight bleed
1	sand	654	
1	sand	655	NO Oil
18	CORE	673	1090 Oil perf
20	sandy shale	693	
65	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 # 244711

Invoice Date: 09/30/2011 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-11
32882
SE 19 16 21 FR
09/30/2011
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
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
458 CEMENT PUMP	1.00	975.00	975.00
458 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
458 CASING FOOTAGE	743.00	.00	.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1465.48 Freight: .00 Tax: 114.30 AR 3144.78
Labor: .00 Misc: .00 Total: 3144.78
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

