



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: _____



1069814

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-12
 Lease Owner: Altavista

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

Commenced Spudding:
 9/30/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil/Clay	15
14	Lime	29
8	Shale	37
10	Lime	47
4	Shale	51
17	Lime	68
42	Shale	110
26	Lime	136
69	Shale	205
22	Lime	227
25	Shale	252
6	Lime	258
26	Shale	284
10	Lime	294
7	Shale	301
1	Lime	302
16	Shale	318
24	Lime	342
9	Shale	351
23	Lime	374
4	Shale	378
3	Lime	381
4	Shale	385
6	Shale	391
48	Lime	439
4	Sandy Lime	443
58	Shale	501
10	Sand	511
26	Shale	537
9	Lime	546
9	Shale	557
6	Lime	563
9	Shale	572
7	Lime	579
9	Shale	588
7	Lime	595
14	Shale	609
3	Lime	612
10	Shale	622
6	Lime	628

Thickness of Strata	Formation	Total Depth	Remarks
0-15	soil - clay	15	
14	Lime	29	
8	shale	37	
10	Lime	47	
4	shale	51	
17	Lime	68	
42	shale	110	
26	Lime	136	
69	shale	205	
22	Lime	227	
25	shale	252	
6	Lime	258	
26	shale	284	
10	Lime	294	
7	shale	301	
1	Lime	302	
16	shale	318	
24	Lime	342	
9	shale	351	
23	Lime	374	
4	shale	378	
3	Lime	381	
4	shale	385	
6	Lime	391	Herthia
48	shale	439	
4	Sandy lime	443	no Oil
58	shale	501	

501

Thickness of Strata	Formation	Total Depth	Remarks
10	sand	511	
26	shale	537	some lime no oil
9	lime	546	
9	shale	557	
6	lime	563	
9	shale	572	
7	lime	579	
9	shale	588	
7	lime	595	
14	shale	609	
3	lime	612	
10	shale	622	
6	lime	628	
6	shale	634	
2	lime	636	
5	shale	641	
2	lime	643	no oil
2	lime	645	oil
5	lime	650	
4	shale	654	
1	sand	655	no oil
1	sand	656	30% oil
18	CORE	674	
16	sandy shale	690	
68	shale	758	T.D.



REMIT TO
 Consilidated 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 # 244777

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-12
 32910
 NE 19 16 20 FR
 10/04/2011
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	97.00	10.4500	1013.65
1118B	PREMIUM GEL / BENTONITE	163.00	.2000	32.60
1111	GRANULATED SALT (50 #)	187.00	.3500	65.45
1110A	KOL SEAL (50# BAG)	485.00	.4400	213.40
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	746.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1396.93 Freight: .00 Tax: 108.96 AR 3095.89
 Labor: .00 Misc: .00 Total: 3095.89
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
 918/338-0808

EL DORADO, KS
 316/322-7022

EUREKA, KS
 620/583-7664

PONCA CITY, OK
 580/762-2303

OAKLEY, KS
 785/672-2227

OTTAWA, KS
 785/242-4044

THAYER, KS
 620/839-5269

GILLETTE, WY
 307/686-4914



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 32910
LOCATION Ottawa
FOREMAN Alan Mada

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-11	3244	Brown A-12	NE 19	16	20	Fr
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 128</u>			DRIVER			
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>	TRUCK #		
JOB TYPE <u>long string</u> HOLE SIZE <u>5 5/8</u>			HOLE DEPTH <u>758</u>	CASING SIZE & WEIGHT <u>2 7/8</u>		
CASING DEPTH <u>796</u>		DRILL PIPE	TUBING	OTHER <u>715 baffle</u>		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>		
DISPLACEMENT <u>4.15</u>		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>		
REMARKS: <u>Held crew meeting. Mixed & pumped 1/2 gal ESA 41 & 1/2 gal polymer to condition well. Circulated into new pit. Mixed & pumped 97 sk 50150 poz plus 3 # 150 seal, 50# salt, 200 gal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI set float & tested valve.</u>						

TOS, was

Alan Mada

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	796	casing leakage		
5407	min	ton miles		330.00
5502C	2 1/2	80 val		225.00
1124	97 sk	50150 poz		1013.65
118B	163 #	gel		32.60
111	187 #	salt		65.45
110A	485 #	Kal Seal		213.40
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		28.63
4402	1	2 1/2 Plug		28.00
SALES TAX				108.96
ESTIMATED TOTAL				3095.89

244777

Jim [Signature]

RAVIN 3737 AUTHORIZATION _____ 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.