



**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: \_\_\_\_\_



1069816

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS  
Well: Brown A-13  
Lease Owner: Altavista

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

Commenced Spudding:  
9/28/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
6	Lime	14
7	Shale	21
12	Lime	33
6	Shale	39
15	Lime	54
39	Shale	93
25	Lime	118
70	Shale	188
22	Lime	210
27	Shale	237
6	Lime	243
26	Shale	269
9	Lime	278
7	Shale	285
1	Lime	286
17	Shale	303
24	Lime	327
11	Shale	338
21	Lime	359
5	Shale	364
2	Lime	366
3	Shale	369
6	Lime	375
47	Shale	422
7	Sandy Lime	429
57	Shale	486
7	Sandy Lime	493
25	Shale	518
12	Lime	530
9	Shale	539
6	Lime	545
9	Shale	554
8	Lime	562
13	Shale	575
1	Lime	576
19	Shale	595
3	Lime	598
9	Shale	607
18	Lime	615



Brown Farm: Franklin County

KS State; Well No. A-13

Elevation 950

Commenced Spuding Sept 28, 20 11

Finished Drilling Sept 30, 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, 1485 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

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil-clay	8	
6	Lime	14	
7	Shale	21	
12	Lime	33	
6	Shale	39	
15	Lime	54	
39	shale	93	
25	Lime	118	
70	shale	188	
22	Lime	210	
27	Shale	237	
6	Lime	243	
26	shale	269	
9	Lime	278	
7	Shale	285	
1	Lime	286	
17	Shale	303	
24	Lime	327	
11	Shale	338	
21	Lime	359	
5	Shale	364	
2	Lime	366	
3	shale	369	
6	Lime	375	Hertha
47	shale	422	
7	sandy lime	429	no oil
57	Shale	486	

486

Thickness of Strata	Formation	Total Depth	Remarks
7	sand	493	no oil
25	Shale	518	
12	Lime	530	
9	shale	539	
6	Lime	545	
9	shale	554	
8	Lime	562	
13	shale	575	
1	Lime	576	
19	shale	595	
3	Lime	598	
9	shale	607	
18	Lime	615	
15	shale	630	
6	Lime	636	some oil
4	shale	640	
2	sand	642	no oil
2	sand	644	5% oil
18	CORE	662	
18	sandy shale	680	
78	shale	758	

# CORE

Thickness of Strata	Formation	Total Depth	Remarks
		644	
1.5	sand	645.5	50% Oil
3	sand	648.5	solid Oil
2	sand	650.5	50% Oil
1	sand	651.5	solid Oil
4	sand	655.5	20% Oil
2	sand	657.5	solid Oil
4.5	sand	662	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 # 244700

Invoice Date: 09/30/2011 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC  
4595 K-33 HIGHWAY  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

BROWN A-13  
32905  
NE 19 16 20 FR  
09/30/2011  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.4500	1076.35
1118B	PREMIUM GEL / BENTONITE	273.00	.2000	54.60
1111	GRANULATED SALT (50 #)	199.00	.3500	69.65
1110A	KOL SEAL (50# BAG)	515.00	.4400	226.60
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	737.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1499.03 Freight: .00 Tax: 116.92 AR 3205.95  
 Labor: .00 Misc: .00 Total: 3205.95  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_

