



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
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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: _____



1077841

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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Johnson County, KS
Well: McCann B A-4
Lease Owner: Alta Vista

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

Commenced Spudding:
2/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil-Clay	4
6	Lime	10
5	Shale	15
17	Lime	32
7	Shale	39
9	Lime	48
8	Shale	56
16	Lime	72
20	Shale	92
76	Lime	168
31	Shale	199
8	Lime	207
15	Shale	222
5	Shale & Lime	227
6	Shale	233
3	Lime	236
10	Shale	246
33	Shale	279
2	Lime	281
9	Shale	290
27	Lime	317
6	Shale	323
23	Lime	346
4	Shale	350
4	Lime	354
5	Shale	359
7	Lime	366
55	Shale	421
37	Sand	458
17	Shale	475
23	Sand	498
41	Shale	539
4	Lime	543
2	Shale	545
4	Lime	549
6	Shale	555
6	Lime	561
17	Shale	578
4	Lime	582
8	Shale	590

McLann B Farm: Johnson County

KS State; Well No. A-4

Elevation 1020

Commenced Spuding Feb 16 2012

Finished Drilling 20

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name JOS

15 14 22

(Section) (Township) (Range)

Distance from S line, 2175 ft.

Distance from E line, 1090 ft.

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
821.15		seat nipple			
854.55		Baffle			
886		float			2 7/8

CASING AND TUBING RECORD

3 sacks

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 3/4" Set 22 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil-clay	4	
6	Lime	10	
5	shale	15	
17	Lime	32	
7	shale	39	
9	Lime	48	
8	shale	56	
16	Lime	72	
20	shale	92	
76	Lime	168	water
31	shale	199	
8	Lime	207	
15	shale	222	
5	shale & lime	227	
6	Lime	233	
3	shale	236	
10	Lime	246	
33	shale	279	
2	Lime	281	
9	shale	290	
27	Lime	317	
6	shale	323	
23	Lime	346	
4	shale	350	
4	Lime	354	
5	shale	359	
7	Lime	366	

366

Thickness of Strata	Formation	Total Depth	Remarks
55	Shale	421	
37	sand	458	
17	shale	475	
23	sand	498	
41	shale	539	
4	Lime	543	
2	shale	545	
4	Lime	549	
6	Shale	555	
6	Lime	561	
17	shale	578	
4	Lime	582	
8	shale	590	
11	Lime	601	
107	shale	708	
17	sand	725	odor no show
11	shale	736	
3	Lime	739	
88	shale	827	
3	sand	830	50-60% Oil
4	limey sand	834	50% Oil
3	sand	837	solid Oil
1	sand	838	20% Oil
2	sand	840	no Oil
2	sandy shale	842	no Oil
4	sand	846	no Oil
4	sandy shale	850	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 # 247937

Invoice Date: 02/21/2012 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

MC CAM B A-4
36485
SE 15 14 22 JO
2/17/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.40
1118B	PREMIUM GEL / BENTONITE	222.00	.2100	46.62
1111	SODIUM CHLORIDE (GRANULA	255.00	.3700	94.35
1110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
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
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	886.00	.00	.00
510 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1961.80 Freight: .00 Tax: 147.64 AR 3614.44
 Labor: .00 Misc: .00 Total: 3614.44
 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

TICKET NUMBER 36485

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/17/12	3244	McCann "B" #A-4	SE 15	14	22	JO
CUSTOMER				TRUCK #		
Altavista Energy				506	FREMAO	Safety Net
MAILING ADDRESS				495	HAZBEC	
4595 Hiway 33				369	DERMAS	
CITY	STATE	ZIP CODE	510	RYASIN		
Wellsville	KS	66092				

JOB TYPE Longstring HOLE SIZE 578 HOLE DEPTH 922' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 886' DRILL PIPE Baffle TUBING @ 854 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 32'
 DISPLACEMENT 4.95 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-150 Polymer
 Flush. Mix + Pump 132 SKS 50/50 Perm Mix Cement 2% Gel 5%
 Salt 5th Kol Seal/sk. Cement to surface. Flush pump + lines.
 clean. Displace 2 1/2" Rubber plug to bottle. Pressure to 800 #PSI
 Release pressure to set float valve. Shut in casing

TOS Drilling (was)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	896'			N/C
5407	1/2 Minimum		510	175 ⁰⁰
5502c	2 hrs		369	180 ⁰⁰
1124	132 SKS	50/50 Perm Mix Cement		1445 ⁴⁰
1118B	222#	Premium Gel		46 ⁶²
1111	255#	Granulated Salt		94 ³⁵
1110A	660#	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		201 ²⁰
1401	1/2 Gal	HE-150 Polymer		23 ⁶³
247931				
			7.525%	SALES TAX
				ESTIMATED TOTAL
				147 ⁶⁴
				3614 ⁴⁴

Ravin 3737

AUTHORIZATION Wesley Dollard

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