



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: _____



1077843

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-5
 Lease Owner: Alta Vista

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

Commenced Spudding:
 2/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Lime	19
6	Shale	25
15	Lime	40
7	Shale	47
9	Lime	56
9	Shale	65
15	Lime	80
21	Shale	101
75	Lime	176
31	Shale	207
8	Lime	215
15	Shale	230
5	Shale & Lime	235
7	Lime	242
2	Shale	244
10	Lime	254
43	Shale	297
28	Lime	325
5	Shale	330
25	Lime	355
4	Shale	359
5	Lime	364
5	Shale	369
6	Lime	375
55	Shale	430
40	Sandy Shale	470
14	Shale	484
15	Sandy Shale	499
48	Shale	547
3	Lime	550
13	Shale	563
7	Lime	570
16	Shale	586
4	Lime	590
8	Shale	598
11	Lime	609
25	Shale	634
3	Lime	637
82	Shale	719

Thickness of Strata	Formation	Total Depth	Remarks
13	soil/clay	13	
6	lime	19	
6	shale	25	
15	lime	40	
7	shale	47	
9	lime	56	
9	shale	65	
15	lime	80	
21	shale	101	
75	lime	176	
31	shale	207	
8	lime	215	
15	shale	230	
5	shale + lime	235	
7	lime	242	
2	shale	244	
10	lime	254	
43	shale	297	
28	lime	325	
5	shale	330	
25	lime	355	
4	shale	359	
5	lime	364	
5	shale	369	
6	lime	375	
55	shale	430	
40	sandy-shale	470	

470

Thickness of Strata	Formation	Total Depth	Remarks
14	shale	484	
15	sandy-shale	499	
48	shale	547	
3	lime	550	
13	shale	563	
7	lime	570	
16	shale	586	
4	lime	590	
8	shale	598	
11	lime	609	
25	shale	634	
3	lime	637	
82	shale	719	
15	sand	734	
6	shale	740	
3	lime	743	
91	shale	834	
2	sandy lime	836	40% - 50% oil, odor, ok bleed
1	sand	837	40% 50% oil
5	sand	842	50% oil
1	sandy-lime	843	50% oil
1	sandy shale	844	5% oil
5	sandy shale	849	no oil
70	shale	919	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 # 247940

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-5
36486
SE 15 14 22
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)	.00	4.00	.00
495 CASING FOOTAGE	.00	.22	.00
510 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1961.80 Freight: .00 Tax: 147.64 AR 3494.44
Labor: .00 Misc: .00 Total: 3494.44
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36486

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/17/12	3244	McCann "B" # A-5	SE 15	14	22	
CUSTOMER Alta Vista Energy			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 4595 Niway 33			506	FREMAP	Safety	MM
CITY Wellsville			495	HARBEC	H/B	J
STATE KS			369	DERMAS	DM	
ZIP CODE 66092			510	RYASIN	RS	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 9190' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 900' DRILL PIPE Baffle in TUBING @ 869' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 31
 DISPLACEMENT 5.05 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 RPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-150
 Polymer Flush. Circulate to condition hole. Mix + Pump 132 SKS
 50/50 Por Mix Cement 290 Gal 5% Salt 5th Kol Seal/sk Cement to Surface
 Flush pump + lines clean. Displace 2 1/2" rubber plug to baffle,
 Pressure to 800⁺ PSI. Release pressure to set float valve.
 Shut in Casing

Tow Drilling (Chad)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	—	MILEAGE		N/C
5402		Casing Footage		N/C
5407	1/2 Minimum	Ten Miles		175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
5124	132 SKS	50/50 Por Mix Cement		1445 ⁴⁰
1118B	222 [#]	Premium Gal		46 ⁴³
1111	255 [#]	Granulated Salt		94 ³⁵
1110A	660 [#]	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber Plug		26 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-150 Polymer		23 ⁶³
247940				
			7525 ⁷⁰	SALES TAX
				ESTIMATED
				TOTAL
				3494 ⁴⁴

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.