



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: _____



1077845

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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Johnson County, KS
Well: McCann B A-6
Lease Owner: Alta Vista

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

Commenced Spudding:
2/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
16	Lime	24
7	Shale	31
9	Lime	40
9	Shale	49
15	Lime	64
22	Shale	86
75	Lime	161
31	Shale	192
7	Lime	199
16	Shale	215
5	Shale & Lime	220
6	Lime	226
3	Shale	229
9	Lime	238
33	Shale	271
1	Lime	272
11	Shale	283
26	Lime	309
6	Shale	315
24	Lime	339
5	Shale	344
4	Lime	348
5	Shale	353
6	Lime	359
55	Shale	414
39	Sand	453
16	Shale	469
15	Sand	484
47	Shale	531
6	Lime	537
11	Shale	548
5	Lime	553
18	Shale	571
3	Lime	574
9	Shale	583
12	Lime	595
23	Shale	618
3	Lime	621
76	Shale	697

Thickness of Strata	Formation	Total Depth	Remarks
0-8	Soil-clay	8	
14	Lime	24	
7	Shale	31	
9	Lime	40	
4	Shale	44	
15	Lime	64	
22	Shale	86	
75	Lime	161	
31	Shale	192	
7	Lime	199	
16	Shale	215	
5	Shale & lime	220	
6	Lime	226	
3	Shale	229	
9	Lime	238	
33	Shale	271	
1	Lime	272	
11	Shale	283	
26	Lime	309	
6	Shale	315	
24	Lime	339	
5	Shale	344	
4	Lime	348	
5	Shale	353	
6	Lime	359	
55	Shale	414	
39	Sand	453	no Oil

453

Thickness of Strata	Formation	Total Depth	Remarks
16	Shale	469	
15	Sand	484	no Oil
47	Shale	531	
6	Lime	537	
11	Shale	548	
5	Lime	553	
18	Shale	571	
3	Lime	574	
9	Shale	583	
12	Lime	595	
23	Shale	618	
3	Lime	621	
76	Shale	697	
18	Sand	715	good odor poor bleed
14	Shale	729	
4	Lime	733	
72	Shale	805	
3	Sand	808	no Oil
12	Shale	820	
2	Sand	822	solid Oil
1	Shale	823	no Oil
1	Sand	824	solid Oil
4	Sand	828	10% Oil
1	Sand	829	no Oil
3	Sand	832	50% Oil
1	sandy shale	833	no Oil
2	Sand	835	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 # 247964

Invoice Date: 02/24/2012 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-6
36488
SE 15 14 22 JO
2/20/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	204.00	.2100	42.84
1111	SODIUM CHLORIDE (GRANULA	234.00	.3700	86.58
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
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	879.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1804.50 Freight: .00 Tax: 135.79 AR 3445.29
 Labor: .00 Misc: .00 Total: 3445.29
 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

TICKET NUMBER 36488

LOCATION Ottawa KS

FOREMAN Fred Maden

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
7/20/12	3244	McLann "B" #1	SE 15	14	22	W
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 Niway 33			506	FREMAO	Safar	NY
CITY Wellsville			495	HARBEC	NB	J
STATE KS			369	DERMAS	DM	
ZIP CODE 66092			-548	KEICAR	KC	

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 900 CASING SIZE & WEIGHT 2 7/8 EUF
 CASING DEPTH 879 DRILL PIPE Baffle @ TUBING 8 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug 30'
 DISPLACEMENT 4.94 DISPLACEMENT PSI 1200* MIX PSI 200*PSI RATE 5.3 BPM

REMARKS: Establish pump rate. Mix Pump. 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer
 Flush. Circulate to condition hole. Mix & Pump 121 sks 50/50.
 Por. Mix Cement 2 1/2 Gal 5% Salt 5# Kol Seal/sk. Cement to surface
 Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing
 Baffle. Observed loss of circulation while pumping plug. Pressure
 to 1400* PSI. Release pressure to set float valve. Shift in casing.

TOS Drilling (wcs)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	30mi	MILEAGE	.495	120.00
5402	879	Casing footage	N/C	
5407	1/2 minimum	Ton Miles	548	175.00
5502C	2hr	80 BBL Vac Truck	360	180.00
1124	121.5Ks	50/50 Por Mix Cement		1324.95
1158	204#	Premium Gel		4284
111	234#	Granulated Salt		865.5
1110A	605#	Kol Seal		278.30
4402	1	2 1/2" Rubber Plug		28.00
1143	1/2 Gal	ESA-41		20.20
1407	1/2 Gal	HE-100 Polymer		23.63
247904				
			7.525%	SALES TAX
				ESTIMATED TOTAL
				135.29
				3445.29

Ravln 9737

AUTHORIZATION

Jim [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.