



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: \_\_\_\_\_



1077851

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Johnson County, KS  
Well: McCann B A-7  
Lease Owner: Alta Vista

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

Commenced Spudding:  
2/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
12	Soil/Clay	12
6	Lime	18
7	Shale	25
16	Lime	41
7	Shale	48
8	Lime	56
9	Shale	65
17	Lime	82
18	Shale	100
75	Lime	175
30	Shale	205
8	Lime	213
17	Shale	230
11	Lime	241
2	Shale	243
9	Lime	252
45	Shale	297
27	Lime	324
6	Shale	330
24	Lime	354
4	Shale	358
5	Lime	363
4	Shale	367
15	Lime	373
15	Shale	429
49	Sandy Shale	468
4	Shale	483
3	Sand	498
3	Shale	547
8	Lime	551
6	Shale	554
16	Lime	557
3	Shale	565
8	Lime	571
12	Shale	587
25	Lime	590
3	Shale	598
80	Lime	610
6	Shale	635
10	Sandy Shale	638



McCann Farm: Johnson County

KS State; Well No. A-7

Elevation 1024

Commenced Spuding 2-15 2012

Finished Drilling 2-20 2012

Driller's Name Alvin Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Mike Meyers

Tool Dresser's Name

Contractor's Name TOS

15 14 22

(Section) (Township) (Range)

Distance from S line, 1910 ft.

Distance from E line, 825 ft.

9374 - 9383 plus

3 - sacks

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8" Set 22' 8" Pulled \_\_\_\_\_

6 1/2" Set \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2 7/8" Set 89740 2" Pulled \_\_\_\_\_


Thickness of Strata	Formation	Total Depth	Remarks
12	sal/clay	12	
6	Lime	18	
7	shale	25	
16	Lime	41	
7	shale	48	
8	Lime	56	
9	shale	65	
17	Lime	82	
18	shale	100	
75	Lime	175	
30	shale	205	
8	Lime	213	
17	shale	230	
11	Lime	241	
2	shale	243	
9	Lime	252	
45	shale	297	
27	Lime	324	
6	shale	330	
24	Lime	354	
4	shale	358	
5	Lime	363	
4	shale	367	
6	Lime	373	
56	shale	429	
39	sandy shale	468	
15	shale	483	

483

Thickness of Strata	Formation	Total Depth	Remarks
15	sand	498	
49	shale	547	very good oil
4	Lime	551	
3	shale	554	
3	Lime	557	
8	shale	565	
6	Lime	571	
16	shale	587	
3	Lime	590	
8	shale	598	
12	Lime	610	
25	shale	635	red bed
3	Lime	638	
80	shale	718	
6	sand	724	odor, 20% - 30% oil
10	sandy shale	734	
12	shale	746	
3	Lime	749	
91	shale	840	
1	sandy shale	841	50% odor, slight bleed
2	sand	843	solid
1	sandy lime	844	75%
4	sandy lime	848	5% - 10%
3	sandy shale	851	no oil
61	shale	910	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 # 247965

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-7  
36489  
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	304.00	.2100	63.84
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
1401	HE 100 POLYMER	.50	47.2500	23.63
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20

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	893.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts:	1825.50	Freight:	.00	Tax:	137.37	AR	3347.87
Labor:	.00	Misc:	.00	Total:	3347.87		
Sublt:	.00	Supplies:	.00	Change:	.00		

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





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36489  
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
2/20/12	3244	Md Conn 'B' # A-7	SE 15'	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4595 Highway 33			506	FREMAO	Safety	Wedy
CITY Wellsville	STATE KS	ZIP CODE 66092	495	NARBEC	157B	✓
			368	DERMAS	DM	
			548	KRICAR	KC	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 910 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 893 DRILL PIPE Baffle in tubing 662 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug + 31'  
DISPLACEMENT 5 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish pump Rate. Mix & Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100  
Polymer and 100# Premium Gel. Flush. Mix & Pump 121 SKS  
50/50 Por mix Cement 220 Gal 5% Salt 5# Kol Seal/sk. Cement  
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber  
plug to baffle in casing. Pressure to 800# PSI. Release  
pressure to set float valve. Shut in casing.

ToS Drilling (Chad)

Fred Maden

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	893	Casing Footage		N/C
5407	1/2 Minimum	Ton Miles	548	175.00
55020	2 hrs	80 BBL Vac Truck	360	180.00
1124	121 SKS	50/50 Por Mix Cement		1324.25
118B	304#	Premium Gel		63.84
1111	234#	Granulated Salt		86.58
110A	605#	Kol Seal		278.30
4402	1	2 1/2" Rubber plug		25.00
1143	1/2 Gal	ESA-41		20.20
1401	1/2 Gal	HE-100 Polymer		23.63
<u>247965</u>				
SALES TAX				137.37
ESTIMATED TOTAL				3347.87

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.