



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: _____



1077862

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-9
Lease Owner: Alta Vista

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

Commenced Spudding:
3/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-4	Soil-Clay	4
11	Lime	15
8	Shale	23
9	Lime	32
9	Shale	41
16	Lime	57
20	Shale	77
75	Lime	152
31	Shale	183
8	Lime	191
20	Shale	211
6	Lime	217
4	Shale	221
9	Lime	230
33	Shale	263
1	Lime	264
11	Shale	275
26	Lime	301
5	Shale	306
25	Lime	331
3	Shale	334
5	Lime	339
5	Shale	344
7	Lime	351
56	Shale	407
36	Sand	443
20	Shale	463
25	Sand	488
45	Shale	533
2	Lime	535
6	Shale	541
5	Lime	546
18	Shale	564
3	Lime	567
8	Shale	575
13	Lime	587
26	Shale	613
1	Lime	614
75	Shale	689
15	Sand	704

McCann B Farm: Johnson County

KS State; Well No. A-9

Elevation 1000

Commenced Spuding Mar 6, 20 12

Finished Drilling Mar 7, 20 12

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Mike Myers

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

15 14 22

(Section) S (Township) 15 (Range) 75 ft.

Distance from E line, 1700 ft.

\$ hrs

3 sacks

CASING AND TUBING

RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 3/4" Set 20 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries include 811.80, 845.22, 875.74, and descriptions like 'Seat nipple', 'Baffle', 'Float', '2 7/8'.

Thickness of Strata	Formation	Total Depth	Remarks
0-4	soil-clay	4	
11	Lime	15	
8	shale	23	
9	Lime	32	
9	shale	41	
16	Lime	57	
20	shale	77	
75	Lime	152	
31	shale	183	
8	Lime	191	
20	shale	211	
6	Lime	217	
4	shale	221	
9	Lime	230	
33	shale	263	
1	Lime	264	
11	shale	275	
26	Lime	301	
5	shale	306	
25	Lime	331	
3	shale	334	
5	Lime	339	
5	shale	344	
7	Lime	351	
56	shale	407	
36	sand	443	no oil
20	shale	463	

463

Thickness of Strata	Formation	Total Depth	Remarks
25	sand	488	
45	shale	533	
2	Lime	535	
6	shale	541	
5	Lime	546	
18	shale	564	
3	Lime	567	
8	shale	575	
13	Lime	587	
26	shale	613	
1	Lime	614	
75	shale	689	
15	sand	704	good odor poor bleed
20	shale	724	
3	Lime	727	
88	shale	815	
1	Lime	816	
8	sand	824	solid oil
3	limey sand	827	50% oil
6	sand	833	20% oil
4	sandy shale	837	no oil
63	shale	900	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 # 248395

Invoice Date: 03/16/2012 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

MCCANN B A-9
34240
SE 15 14 22 JO
3/7/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	418.00	.2100	87.78
1111	SODIUM CHLORIDE (GRANULA	251.00	.3700	92.87
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	1.00	47.2500	47.25
Description		Hours	Unit Price	Total
370	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	875.00	.00	.00
510	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1978.40 Freight: .00 Tax: 148.89 AR 3687.29
Labor: .00 Misc: .00 Total: 3687.29
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 34240

LOCATION Ottawa KS

FOREMAN Fred Madur

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/7/12	3244	McCann "B" # A-9	SE 15	14	22	JO
CUSTOMER						
Mailing Address						
Alta Vista Energy						
4595 33 Highway						
CITY STATE ZIP CODE						
Wellsville KS 66092						
TRUCK # DRIVER TRUCK # DRIVER						
506 FREMAD Safety Wky						
495 HARBEK HOB						
370 REICAR KC						
510 ASAMIC Am						

JOB TYPE Logstring HOLE SIZE 3 7/8 HOLE DEPTH 890' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 875' DRILL PIPE Baffle in TUBING @ 845 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 30'
 DISPLACEMENT 4.91 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal HE-100 Polymer Flush.
 Mix + Pump 200 # Premium Gel Flush. Mix + Pump 130 SKS
 50/50 Poz Mix Cement 2% Gel 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 Madur

ACCOUNT CODE	QUANTITY or UNITS-	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	1	MILEAGE		N/C
5402	875	Casing footage		N/C
5407	Minimum	Ten Miles		350.00
5502C	2 hrs	80 BBL Vac Truck		180.00
1124	130 SKS	50/50 Poz Mix Cement		1423.50
1118B	415 #	Premium Gel		872.8
1118	251 #	Granulated Salt		92.87
1110A	650 #	Kol Seal		279.00
4402	1	2 1/2" Rubber Plug		25.00
1401	1 Gal	HE-100 Polymer.		47.25
248395				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				148.39
				3687.29

Revin 3737

AUTHORIZATION Jim Hoehn by Phone 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.