



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: \_\_\_\_\_



1077875

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-10  
Lease Owner:Alta Vista

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

Commenced Spudding:  
3/6/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil/Clay	10
8	Shale	18
16	Lime	34
8	Shale	42
8	Lime	50
8	Shale	58
16	Lime	74
21	Shale	95
75	Lime	170
30	Shale	200
8	Lime	208
17	Shale	225
6	Shale & Lime	231
4	Shale	235
9	Lime	244
45	Shale	289
26	Lime	315
7	Shale	322
24	Lime	346
4	Shale	350
5	Lime	355
5	Shale	360
7	Lime	367
58	Shale	425
40	Sandy Shale	465
15	Shale	480
15	Sand	495
64	Shale	559
6	Lime	565
16	Shale	581
3	Lime	584
17	Shale	591
4	Lime	595
112	Shale	707
13	Sand	720
20	Shale	740
3	Lime	743
94	Shale	837
2	Sandy Shale	839
1	Sand	840





Thickness of Strata	Formation	Total Depth	Remarks
10	soil/clay	10	
8	shale	18	
16	Lime	34	
8	shale	42	
8	Lime	50	
8	shale	58	
16	Lime	74	
21	shale	95	
75	Lime	170	making water
30	shale	200	
8	Lime	208	
17	shale	225	
6	shale + lime	231	
4	shale	235	
9	Lime	244	
45	shale	289	
26	Lime	315	
7	shale	322	
24	Lime	346	
4	shale	350	
5	Lime	355	
5	shale	360	
7	Lime	367	
58	shale	425	
40	sandy shale	465	
15	shale	480	
15	sand	495	no oil

Thickness of Strata	Formation	Total Depth	Remarks
		495	
64	shale	559	
6	Lime	565	
16	shale	581	
3	Lime	584	
17	shale	591	
4	Lime	595	
112	shale	707	610 red bed
13	sand	720	5% - 10% oil, odor, slight bleed
20	shale	740	
3	Lime	743	
94	shale	837	
2	sandy shale	839	5% - 10% oil, odor, good bleed
4	sand	840	50%
2	sandy lime	842	no oil
1	sand	842	30% - 40% oil
1	sandy shale	843	no oil
1	sandy lime	844	no oil
1	sandy lime	845	20% - 30% oil
4	sand	849	no oil
4	sandy shale	853	
66	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 # 248272

Invoice Date: 03/09/2012 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-10  
36493  
SE 15 14 22 JO  
3/7/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	10.9500	1368.75
1118B	PREMIUM GEL / BENTONITE	410.00	.2100	86.10
1111	SODIUM CHLORIDE (GRANULA	242.00	.3700	89.54
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
1401	HE 100 POLYMER	1.00	47.2500	47.25
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	895.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1907.14	Freight:	.00	Tax:	143.52	AR	3730.66
Labor:	.00	Misc:	.00	Total:	3730.66		
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

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

TICKET NUMBER 36493  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
3-7-12	3244	McLam	A-10	SE 15	14	22	JO
CUSTOMER				TRUCK #			
Altavista Energy				516	Alan M	Safety Meet	
MAILING ADDRESS				368	Gary M	GM	
P.O. Box 128				369	Derek M	DM	
CITY		STATE	ZIP CODE	548	Ryan S	RS	
Wellsville		KS	66092				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT				
log string	5 7/8	905	2 7/8				
CASING DEPTH	DRILL PIPE	TUBING	OTHER				
895			866				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING				
			yes				
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE				
5	800	200	46pm				

REMARKS: Held crew meet. Established rate. Mixed + pumped 1 gal HE-100 followed by 200# gel. Mixed + pumped 125 sk 50/150 cem plus 5# Kolseal, 5% salt, 2% gel per sack. Circulated cement. Flushed pump, pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TAS Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	895'	casing footage		
5407	min	ton miles		350.00
5502C	2	80 var		180.00
1124	125	50/150 cem		1368.75
118B	410#	gel		86.10
111	242#	salt		89.54
110A	625	Kolseal		282.50
<del>1101</del> 1101	1 gal	HE-100		47.25
4402	1	2 1/2 plug		28.00
248272				
			SALES TAX	143.52
			ESTIMATED TOTAL	3730.66

win 3737

AUTHORIZATION \_\_\_\_\_ 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