



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: _____



1078321

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 AI-6
Lease Owner: Alta Vista

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

Commenced Spudding:
2/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-7	Soil-Clay	7
18	Lime	25
6	Shale	31
9	Lime	40
9	Shale	49
16	Lime	65
20	Shale	85
77	Lime	162
30	Shale	192
8	Lime	200
16	Shale	216
4	Shale & Lime	220
6	Lime	226
4	Shale	230
9	Lime	239
33	Shale	272
1	Lime	273
11	Shale	284
26	Lime	310
6	Shale	316
23	Lime	339
5	Shale	344
5	Lime	349
4	Shale	353
7	Lime	360
55	Shale	415
39	Sand	454
15	Shale	469
16	Sand	485
64	Shale	549
7	Lime	556
16	Shale	572
4	Lime	576
8	Shale	584
11	Lime	595
25	Shale	620
2	Lime	622
75	Shale	697
18	Sand	715
15	Shale	730

Thickness of Strata	Formation	Total Depth	Remarks
0-7	Soil-clay	7	
18	Lime	25	
6	Shale	31	
9	Lime	40	
9	Shale	49	
16	Lime	65	
20	Shale	85	
77	Lime	162	
30	Shale	192	
8	Lime	200	
16	Shale	216	
4	Shale & Lime	220	
6	Lime	226	
4	Shale	230	
9	Lime	239	
33	Shale	272	
1	Lime	273	
11	Shale	284	
26	Lime	310	
6	Shale	316	
23	Lime	339	
5	Shale	344	
5	Lime	349	
4	Shale	353	
7	Lime	360	
55	Shale	415	
39	Sand	454	no Oil

454

Thickness of Strata	Formation	Total Depth	Remarks
15	shale	469	
16	sand	485	no Oil
64	shale	549	
7	Lime	556	
16	shale	572	
4	Lime	576	
8	shale	584	
11	Lime	595	
25	shale	620	
2	Lime	622	
75	shale	697	
18	sand	715	odor no show
15	shale	730	
4	Lime	734	
68	shale	802	
3	sand	805	no Oil
16	shale	821	
3	sand	824	50% Oil
1	sand	825	75% Oil
4	sand	829	5% Oil
3	sand	832	10% Oil
1	sand	834	50% Oil
10	sand	844	no Oil
2	sandy shale	846	no Oil
74	shale	920	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 # 248018

Invoice Date: 02/28/2012 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 AI-6
36491
SE 15 14 22 JO
2/23/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.40
1118B	PREMIUM GEL / BENTONITE	322.00	.2100	67.62
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
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	909.00	.00	.00
548 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1982.80 Freight: .00 Tax: 149.22 AR 3682.02
 Labor: .00 Misc: .00 Total: 3682.02
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36491

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
2/23/12	3244	McCann "B" AI-6	SE 15	14	22	JO.
CUSTOMER			TRUCK #			
Alta Vista Energy			506	FREMAD	Safety Mtg	
MAILING ADDRESS			495	HAR BEC	HOB	J
4595 Highway 33			370	KEI CAR	KC	
CITY	STATE	ZIP CODE	548	RYA-SIN	RS	
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 909' DRILL PIPE Baffle in TUBING @ 878 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug +
 DISPLACEMENT 5.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 Polymer
 Flush. Mix + Pump 100 # Premium Gel Flush. Mix + Pump 132 sks
 50/50 Poz 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 ~~in~~ Baffle in casing. Pressure to 800 # PSI. Release pressure
 to set float valve. Shut in casing.

TDS Drilling Co. Inc

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5407	1/2 Minimum	Ton Miles	548	175 ⁰⁰
5402	909'	Casing footage		NC
55020	2 1/2 hrs	80 BBL Vac Truck	370	225 ⁰⁰
1124	132 sks	50/50 Poz Mix Cement		1445 ⁴⁰
1118B	322 #	Premium Gel		67 ⁶⁰
1111	255 #	Granulated Salt		94 ³⁵
1110A	660 #	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶⁰
248018				
			7.525%	SALES TAX 149 ²²
				ESTIMATED TOTAL 3682 ⁰²

Ravin 9737

AUTHORIZATION Wesley Dillard

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