



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: _____



1078386

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

Johnson County, KS
Well: McCann B AI-8
Lease Owner: Alta Vista

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

Commenced Spudding:
3/7/2012

WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|--------------|-------------|
| 10 | Soil/Clay | 10 |
| 8 | Shale | 18 |
| 17 | Lime | 35 |
| 5 | Shale | 40 |
| 9 | Lime | 49 |
| 8 | Shale | 57 |
| 16 | Lime | 73 |
| 21 | Shale | 94 |
| 73 | Lime | 167 |
| 30 | Shale | 197 |
| 9 | Lime | 206 |
| 15 | Shale | 221 |
| 5 | Shale & Lime | 226 |
| 2 | Shale | 228 |
| 18 | Lime | 245 |
| 44 | Shale | 289 |
| 25 | Lime | 314 |
| 8 | Shale | 322 |
| 24 | Lime | 346 |
| 3 | Shale | 349 |
| 6 | Lime | 355 |
| 5 | Shale | 360 |
| 6 | Lime | 366 |
| 59 | Shale | 425 |
| 41 | Sandy Shale | 466 |
| 15 | Shale | 481 |
| 15 | Sand | 496 |
| 60 | Shale | 556 |
| 9 | Lime | 565 |
| 18 | Shale | 580 |
| 3 | Lime | 583 |
| 7 | Shale | 590 |
| 3 | Lime | 593 |
| 115 | Shale | 708 |
| 15 | Sand | 723 |
| 20 | Shale | 743 |
| 2 | Lime | 745 |
| 91 | Shale | 836 |
| 2 | Sandy Shale | 838 |
| 2 | Sandy Shale | 840 |

| Thickness of Strata | Formation | Total Depth | Remarks |
|---------------------|--------------|-------------|---------|
| 10 | soil/clay | 10 | |
| 8 | shale | 18 | |
| 17 | lime | 35 | |
| 5 | shale | 40 | |
| 9 | lime | 49 | |
| 8 | shale | 57 | |
| 16 | lime | 73 | |
| 21 | shale | 94 | |
| 73 | lime | 167 | |
| 30 | shale | 197 | |
| 9 | lime | 206 | |
| 15 | shale | 221 | |
| 5 | slate + lime | 226 | |
| 2 | shale | 228 | |
| 18 | lime | 245 | |
| 44 | shale | 289 | |
| 25 | lime | 314 | |
| 8 | shale | 322 | |
| 24 | lime | 346 | |
| 3 | shale | 349 | |
| 6 | lime | 355 | |
| 5 | shale | 360 | |
| 6 | lime | 366 | |
| 59 | shale | 425 | |
| 41 | sandy-shale | 466 | |
| 15 | shale | 481 | |
| 15 | sand | 496 | |



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 # 248399

=====
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 AI-8
34242
SE 15 14 22 JO
3/8/12
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 124.00 | 10.9500 | 1357.80 |
| 1118B | PREMIUM GEL / BENTONITE | 408.00 | .2100 | 85.68 |
| 1111 | SODIUM CHLORIDE (GRANULA | 240.00 | .3700 | 88.80 |
| 1110A | KOL SEAL (50# BAG) | 620.00 | .4600 | 285.20 |
| 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 |
|----------------------------------|-------|------------|---------|
| 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 |
| 548 MIN. BULK DELIVERY | 1.00 | 350.00 | 350.00 |

=====
Parts: 1892.73 Freight: .00 Tax: 142.43 AR 3595.16
Labor: .00 Misc: .00 Total: 3595.16
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 34242
LOCATION Ottawa KS
FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|------------------------------------|------------|--------------------|-------------------|----------|--------|--------|
| 3/8/12 | 3244 | McCann 'A' # A.J.S | SE 15 | 14 | 22 | JO |
| CUSTOMER Ottawa Energy | | | | | | |
| MAILING ADDRESS 4595 Highway 33 | | | | | | |
| CITY Wellsville | | STATE KS | ZIP CODE 66092 | | | |
| | | | TRUCK# | DRIVER | TRUCK# | DRIVER |
| | | | 506 | FREMAN | Safety | my |
| | | | 495 | HARBEC | AJB | |
| | | | 369 | DERMAS | DM | |
| | | | 548 | REICAR | KC | |

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 919 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 904 DRILL PIPE Baffle tubing @ 870' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" plug + 31'
 DISPLACEMENT 5.06 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 PM

REMARKS: Establish pump rate. Mix & Pump 16 gal ~~HE~~ HE-100 Polymer
 Flush Mix + Pump 200 # Premium Gel Flush. Mix & Pump
 124 s-ks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal
 per sack. Cement to surface. Flush pump & lines clean.
 Displace 2 1/2" Rubber plug to casing ~~to~~ Baffle. 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 | | NK |
| 5402 | 904 | Casing footage | | NK |
| 5407 | Minimum | Ton Miles | | 350 ⁰⁰ |
| 5502c | 2 hrs | 80 BBL Vac Truck | | 180 ⁰⁰ |
| 1124 | 124 | 50/50 Poz Mix Cement | | 1357 ⁸⁰ |
| 1118B | 408# | Premium Gel | | 85 ⁶⁸ |
| 1111 | 240# | Granulated Salt | | 88 ⁸⁰ |
| 1110A | 620# | Kol Seal | | 285 ²⁰ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 28 ⁰⁰ |
| 1401 | 1 Gal | HE-100 Polymer | | 47 ²⁵ |
| 248 399 | | | | |
| | | | 7.525% | SALES TAX |
| | | | | ESTIMATED |
| | | | | TOTAL |
| | | | | 142 ⁴³ |
| | | | | 3595 ¹⁶ |

Revin 9737

Jim [Signature]

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.