



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: _____



1078390

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: McCann B AI-9
Lease Owner:Alta Vista

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

Commenced Spudding:
3/7/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-3	Soil-Clay	3
13	Lime	16
10	Shale	26
9	Lime	35
9	Shale	44
16	Lime	60
20	Shale	80
75	Lime	155
31	Shale	186
8	Lime	194
14	Shale	208
10	Lime	218
4	Shale	222
10	Lime	232
32	Shale	264
1	Lime	265
10	Shale	275
28	Lime	303
7	Shale	310
23	Lime	333
4	Shale	337
5	Lime	342
5	Shale	347
7	Lime	354
56	Shale	410
35	Sand	445
20	Shale	465
23	Sand	488
48	Shale	536
2	Lime	538
3	Shale	541
6	Lime	547
18	Shale	565
3	Lime	568
8	Shale	576
11	Lime	587
103	Shale	690
15	Sand	705
20	Shale	725
3	Lime	728

McCann B Farm: Johnson County
 KS State; Well No. AI-9

Elevation _____

Commenced Spudding Mar 7 20 12

Finished Drilling Mar 8 20 12

Driller's Name Wesley Dellard

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) (Township) (Range)

Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.

8 hrs

4 sacks

CASING AND TUBING RECORD

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

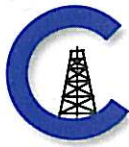
CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
867.	55	Ball	12		
				2 7/8	
898.	92	float			

Thickness of Strata	Formation	Total Depth	Remarks
0-3	soil-clay	3	
13	Lime	16	
10	shale	26	
9	Lime	35	
9	shale	44	
16	Lime	60	
20	shale	80	
75	Lime	155	
31	shale	186	
8	Lime	194	
14	shale	208	
10	Lime	218	
4	shale	222	
10	Lime	232	
32	shale	264	
1	Lime	265	
10	shale	275	
28	Lime	303	
7	shale	310	
23	Lime	333	
4	shale	337	
5	Lime	342	
5	shale	347	
7	Lime	354	
56	shale	410	
35	sand	445	no oil
20	shale	465	

465

Thickness of Strata	Formation	Total Depth	Remarks
23	sand	488	no Oil
44	shale	536	
2	Lime	538	
3	shale	541	
6	Lime	547	
18	shale	565	
3	Lime	568	
8	shale	576	
11	Lime	587	
103	shale	690	
15	sand	705	good color no show
20	shale	725	
3	Lime	728	
40	shale	818	
1	Lime	819	
10	sandy shale	829	5% Oil poor bleed
6	sand	835	brown no Oil
6	sandy shale	841	no Oil
79	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 # 248396

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-9
34241
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)	30.00	4.00	120.00
495 CASING FOOTAGE	899.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1892.73 Freight: .00 Tax: 142.43 AR 3715.16
 Labor: .00 Misc: .00 Total: 3715.16
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Well Services, LLC

TICKET NUMBER 34241

LOCATION Ottawa KS

FOREMAN Fred Macder

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
3/8/12	3244	McCann "B" # A1-9	SE 25	14	22	JO
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			ASAMIC			
KS			AM			
66092			AM			

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 899 DRILL PIPE Baffle @ TUBING 867' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug x 31'
 DISPLACEMENT 5.04 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 1 Gal Polymer HE-100 Flush.
 Circulate to condition hole. Mix & Pump 200# Premium Gel Flush.
 Mix & Pump 124 SKS 50/50 Poz Mix Cement 2 7/8 Gal 5% Salt 5#
 Kal Seal /sk. Cement to surface. Flush pump & lines clean. Displace
 2 1/2" Rubber plug to baffle. Pressure to 800# PSI. Release pressure
 to set float valve. Shut in casing.

Tos Drilling (Wesley)

Fred Macder

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5400	80m	MILEAGE	495	120.00
5402	899	Casing footage		N/C
5407	Minimum	Tax Miles	570	350.00
5302C	2 hrs	50 BBL Van Truck	369	180.00
1124	124 SKS	50/50 Poz Mix Cement		1357.50
1118B	408#	Premium Gel		85.65
1111	240#	Granulated Salt		88.80
1110A	620#	Kal Seal		285.20
4402	1	2 1/2" Rubber Plug		28.00
1401	1 Gal	HE-100 Polymer		47.25
<u>248396</u>				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				142.43
				3715.16

Ravin 8787

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.