



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: _____



1078396

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Johnson County, KS
 Well:McCann B AI-10
 Lease Owner:Alta Vista

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

Commenced Spudding:
 3/2/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
6	Lime	19
7	Shale	26
16	Lime	42
7	Shale	49
8	Lime	57
9	Shale	66
16	Lime	82
20	Shale	102
74	Lime	176
31	Shale	207
9	Lime	216
15	Shale	231
6	Shale & Lime	237
5	Shale	242
9	Lime	251
44	Shale	295
33	Lime	328
6	Shale	334
18	Lime	352
4	Shale	356
5	Lime	360
5	Shale	365
7	Lime	372
64	Shale	436
15	Sandy Shale	451
31	Shale	482
14	Sand	496
53	Shale	549
4	Lime	553
3	Shale	556
1	Lime	557
5	Shale	562
6	Lime	568
17	Shale	585
3	Lime	588
15	Shale	603
4	Lime	607
25	Shale	632
3	Lime	635

Thickness of Strata	Formation	Total Depth	Remarks
13	soil / clay	13	
6	Lime	19	
7	shale	26	
16	Lime	42	
7	shale	49	
8	Lime	57	
9	shale	66	
16	Lime	82	
20	shale	102	
74	Lime	176	
31	shale	207	
9	Lime	216	
15	shale	231	
6	shale & lime	237	
5	shale	242	
9	Lime	251	
44	shale	295	
33	Lime	328	
6	shale	334	
18	Lime	352	
4	shale	356	
5	Lime	360	
5	shale	365	
7	Lime	372	
64	shale	436	
15	sandy shale	451	
31	shale	482	

482			
Thickness of Strata -	Formation	Total Depth	Remarks
14	sand	496	no oil
53	shale	549	
4	lime	553	
3	shale	556	
1	lime	557	
5	shale	562	
6	lime	568	
17	shale	585	
3	lime	588	
15	shale	603	
4	lime	607	
25	shale	632	
3	lime	635	
80	shale	715	
15	sand	730	no oil
14	shale	744	
2	lime	746	
95	shale	841	
3	limey sand	844	50% oil adon, sand bled
3	limey sand	847	75% oil
1	limey sand	848	no oil
1	limey sand	849	30% oil
2	sandy shale	851	no oil
4	sand	855	no oil
3	sandy shale	858	no oil
61	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 # 248283

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 AI-10
34228
SE 15 14 22 JO
3/5/12

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	420.00	.2100	88.20
1111	SODIUM CHLORIDE (GRANULA	252.00	.3700	93.24
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
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	905.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1979.19	Freight:	.00	Tax:	148.95	AR	3808.14
Labor:	.00	Misc:	.00	Total:	3808.14		
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 34228

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/5/12	3244	McLann "B" # AJ-10	SE 15	14	22	JO
CUSTOMER <u>Kelly Co LLC, (Altavista)</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>4595 33 W Highway</u>			<u>506</u>	<u>FREMAD</u>	<u>Safety Mats</u>	
CITY	STATE	ZIP CODE	<u>495</u>	<u>HARBEC</u>	<u>#1B</u>	
<u>Wellsville</u>	<u>KS</u>	<u>66092</u>	<u>369</u>	<u>DERMAS</u>	<u>DM</u>	
			<u>558</u>	<u>KEIDET</u>	<u>KD</u>	

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 919' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 905' DRILL PIPE Baffle TUBING 673' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal ESA-41 Polymer Flush
Circulate to condition hole. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 130 sks 50/50 Por. 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. Shot in casing.

Evans Energy Dev. Inc. (Chad)

Fred Maden

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
5402	905	Casing footage		N/C
5407	Minimum	Ton Miles	558	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	130 sks	50/50 Por Mix Cement		1423 ⁵⁰
1118B	420#	Premium Gel		88 ³⁰
1111	252#	Granulated Salt		93 ²⁴
1110A	650#	Kol Seal		299 ⁰⁰
4402	1	2 1/2" Rubber plug		26 ⁰⁰
1401	1 Gal	HE-100 Polymer		47 ²⁵
<u>248283</u>				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				<u>3808¹⁴</u>

Ravin 5737

AUTHORIZATION [Signature] 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 fo