



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: _____



1079943

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Guetterman AI-2
Lease Owner: Alta Vista

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

Commenced Spudding:
3/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
12	Sand Stone	16
35	Shale	51
4	Lime	55
5	Shale	60
3	Lime	63
5	Shale	68
16	Lime	84
9	Shale	93
9	Lime	102
4	Shale	106
2	Lime	108
2	Shale	110
16	Lime	126
18	Shale	144
19	Lime	163
8	Shale	171
50	Lime	221
23	Shale	244
8	Lime	252
18	Shale	270
6	Lime	286
7	Shale	283
11	Lime	294
2	Shale	296
4	Lime	300
36	Shale	336
25	Lime	361
6	Shale	367
22	Lime	389
4	Shale	393
15	Lime	408
152	Shale	560
11	Sand	571
9	Shale	580
5	Lime	585
13	Shale	598
3	Lime	601
19	Shale	620
3	Lime	623

Cattlemen Farm: Johnson County

KS State; Well No. 1A1-2

Elevation 1020

Commenced Spuding 3-25, 20 12

Finished Drilling 3-27, 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name RS

19 19 22

(Section) (Township) (Range)

Distance from S line, 3740 ft.

Distance from F line, 15 ft.

9486 - 9497 - 11 hrs

3 sacks
**CASING AND TUBING
 RECORD**

10" Set _____ 10" Pulled _____

7" Set 22' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 947⁷⁰ 2" Pulled _____

959 TD

CASING AND TUBING MEASUREMENT

Feet	In.	Feet	In.	Feet	In.
916	30	Beeflic			
947	70	float shoe			

Thickness of Strata	Formation	Total Depth	Remarks
4	soil/clay	4	
12	sandstone	16	
35	shale	51	
4	lime	55	
5	shale	60	
3	lime	63	
5	shale	68	
16	lime	84	
9	shale	93	
9	lime	102	
4	shale	106	
2	lime	108	
2	shale	110	
16	lime	126	
18	shale	144	
19	lime	163	
8	shale	171	
50	lime	221	
23	shale	244	
8	lime	252	
18	shale	270	with some lime seams
6	lime	276	
7	shale	283	
11	lime	294	
2	shale	296	
4	lime	300	
36	shale	336	

Thickness of Strata	Formation	Total Depth	Remarks
		336	
25	Lime	361	
6	shale	367	
22	Lime	389	
4	shale	393	
15	Lime	408	
152	shale	560	
11	sand	571	grey, no oil
9	shale	580	
5	Lime	585	
13	shale	598	
3	Lime	601	
19	shale	620	
3	Lime	623	
11	shale	634	
5	Lime	639	
106	shale	745	
10	Broken sand	755	Brown + grey sand, slight bleed
60	shale	815	
10	sand	825	no oil; grey
39	shale	864	
3	Broken sand	867	odor Brown + white sand 50% OK bleed
3	sand	870	solid
2	Broken sand	872	50%
4	sand & shale	876	no oil
3	sand	879	grey, no oil
80	shale	959	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 # 248635

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Invoice Date: 03/28/2012 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

GUETTERMAN A-I-2
36554
NE 19 14 22 JO
3/27/12
KS

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Part Number Description Qty Unit Price Total

1124	50/50 POZ CEMENT MIX	125.00	10.9500	1368.75
1118B	PREMIUM GEL / BENTONITE	310.00	.2100	65.10
1111	SODIUM CHLORIDE (GRANULA	242.00	.3700	89.54
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
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
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	947.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

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Parts: 1886.14 Freight: .00 Tax: 141.94 AR 3752.08
Labor: .00 Misc: .00 Total: 3752.08
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 36554

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/27/12	3244	Guebterman # A-I-2	NE 19	14	22	JO
CUSTOMER Alta Vista Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128 4595 33 Hwy			506	FREMAD	Safety	NT
CITY	STATE	ZIP CODE	495	HARBEC	DAAB	
Wellsville	KS	66092	503	DANGAR	DG	
			505/1106	CASKEN	CIC	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 952 CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 2947 DRILL PIPE Battle m TUBING @ 9/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 31' + Plug
 DISPLACEMENT 53488 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 1 Gal HE-100 Polymer Flush - + 100# Premium Gel Flush. Circulate well to condition hole. Mix + Pump 125 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to battle casing. Pressure to 800# PSI. Release pressure to set float valves. Shut in Casing.

Tos Drilling

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	485	120 ⁰⁰
5402	947	Casing footage		N/C
5407	minimum	Ton Miles	503	350 ⁰⁰
5501C	2 hrs	Transport	505/1106	224 ⁰⁰
1124	125 sks	50/50 Poz mix Cement		1368 ⁷⁵
1118B	310 #	Premium Gel		65 ¹⁰
1111	272 #	Granulated Salt		89 ⁵⁴
1110A	625 #	Kol Seal		287 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1701	1 Gal	HE-100 Polymer		47 ²⁵
			7.525%	
		SALES TAX		141.94
		ESTIMATED TOTAL		3752 ⁰⁸

248635

Ravin 3737

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 form