



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: _____



1079949

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				

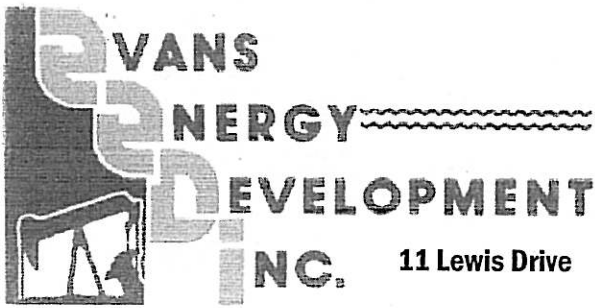
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Altavista Energy, Inc.

Guetterman #AI-7

API # 15-091-23,741

January 27 - January 31, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
5	sandstone	17
27	shale	44
11	lime	55
6	shale	61
14	lime	75
11	shale	86
5	lime	91
6	shale	97
25	lime	122
15	shale	137
19	lime	156
8	shale	164
49	lime	213
22	shale	235
10	lime	245
15	shale	260
7	lime	267
8	shale	275
14	lime	289
37	shale	326
23	lime	349
7	shale	356
24	lime	380
5	shale	385
14	lime	399 base of the Kansas City
30	shale	429
6	sand	435
137	shale	572
5	lime	577
14	shale	591
6	lime	597
15	shale	612
3	lime	615
13	shale	628
1	lime	629
44	shale	673
4	lime	677

57	shale	734
8	broken sand	742 light bleeding
115	shale	857
5	oil sand	862 black, good bleeding, good sand
2	broken sand	864 brown & white sand 50% bleeding sand
68	shale	932 TD

Drilled a 9 7/8" hole to 23.7'

Drilled a 5 5/8" hole to 932'

Set 23.7' of 7" surface casing cemented with 5 sacks of cement.

Set 921.75' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffle



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 # 247623

Invoice Date: 01/31/2012 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 AI-7
36888
NE 19 14 22 JO
01/31/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	10.9500	1259.25
1118B	PREMIUM GEL / BENTONITE	193.00	.2100	40.53
1111	SODIUM CHLORIDE (GRANULA	242.00	.3700	89.54
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
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)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	922.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1725.65 Freight: .00 Tax: 129.86 AR 3490.51
 Labor: .00 Misc: .00 Total: 3490.51
 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 36888

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/31/12	3244	Guetterman # AI-7	NE 19	14	22	JO
CUSTOMER <u>Alvarista Energy</u>						
MAILING ADDRESS <u>4595 K-33 Hwy</u>						
CITY <u>Wellsville.</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>481</u>	<u>Casken</u>	<u>CK</u>		
		<u>495</u>	<u>Har Bec</u>	<u>HB</u>		
		<u>370</u>	<u>Gar Moo</u>	<u>GM</u>		
		<u>548</u>	<u>Dan Gar</u>	<u>DG</u>		

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 932' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 922' DRILL PIPE _____ TUBING baffle - 890' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.17 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 1/2 gal ESA-41 Soap + 1/2 gal HE-100 Polymer followed by 30 bbls fresh water, mixed + pumped 115 stks 50/50 Pozmix cement w/ 2% gel, 5% salt, 5# Kal Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to baffle plate w/ 5.17 bbls fresh water, pressured to 800 PSI, ~~then~~ released pressure, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		1030.00
5406	30 mi	MILEAGE pump truck		120.00
5402	922'	casing footage		
5407	minimum	ton mileage		350.00
5502C	1.5 hrs	80 Vac		135.00
1124	115 stks	50/50 Pozmix cement	10.95	1259.25
1118B	193 #	Premium Gel	.21	40.53
1111	242 #	Salt	.37	89.54
1110A	575 #	Kal Seal	.46	264.50
4402	1	2 1/2" rubber plug		28.00
1143	1/2 gal	ESA-41		26.20
1401	1/2 gal	HE-100 Polymer		23.63
<u>247623</u>				
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				129.86
				3490.51

Revin 5737

AUTHORIZATION No Co. Rep. on location 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.