



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
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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: _____



1079951

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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Johnson County, KS
Well: Guetterman AI-9
Lease Owner: Alta Vista

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

Commenced Spudding:
3/27/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-25	Soil-Clay	25
12	Shale	37
8	Lime	45
6	Shale	51
16	Lime	67
9	Shale	76
8	Lime	84
4	Shale	88
1	Lime	89
3	Shale	92
20	Lime	112
18	Shale	130
19	Lime	149
6	Shale	155
49	Lime	204
21	Shale	225
10	Lime	235
15	Shale	250
7	Lime	257
8	Shale	265
12	Lime	277
2	Shale	279
4	Lime	283
34	Shale	317
7	Lime	324
2	Shale	326
17	Lime	343
6	Shale	349
23	Lime	372
4	Shale	376
4	Lime	380
3	Shale	383
7	Lime	390
102	Shale	492
23	Sandy Shale	515
26	Shale	541
4	Lime	545
16	Shale	561
6	Lime	567
14	Shale	581

Guetterman Farm: Johnson County

KS State; Well No. AI-9

Elevation 1010

Commenced Spuding Mar 27, 2012

Finished Drilling Mar 28, 2012

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

19 14 22

(Section) (Township) (Range)

Distance from S line, 3140 ft.

Distance from E line, 1305 ft.

11 hrs

3 sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 ~~6~~ 1/2" Set 21 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
866		Baffle		27	8
898		Float			

Thickness of Strata	Formation	Total Depth	Remarks
0-25	soil-clay	25	
12	shale	37	
8	lime	45	
6	shale	51	
16	lime	67	
9	shale	76	
8	lime	84	
4	shale	88	
1	lime	89	
3	shale	92	
20	lime	112	
18	shale	130	
14	lime	144	
6	shale	150	
49	lime	204	
21	shale	225	
10	lime	235	
15	shale	250	
7	lime	257	
8	shale	265	
12	lime	277	
2	shale	279	
4	lime	283	
34	shale	317	
7	lime	324	
2	shale	326	
17	lime	343	

343

Thickness of Strata	Formation	Total Depth	Remarks
6	Shale	349	
23	Lime	372	
4	Shale	376	
4	Lime	380	
3	Shale	383	
7	Lime	390	
102	Shale	492	
23	Sandy shale	515	
26	Shale	541	
4	Lime	545	
16	Shale	561	
6	Lime	567	
14	Shale	581	
5	Lime	586	
16	Shale	602	
3	Lime	605	
5	Shale	610	
4	Lime	614	
28	Shale	642	
6	Lime	648	
72	Shale	720	
10	Sand	730	poor bleed
8	sandy shale	738	
13	Shale	751	
2	Lime	753	
89	Shale	842	
1	Sand	843	Solid Oil

843

Thickness of Strata	Formation	Total Depth	Remarks
1	limy sand	844	50% Oil
3	Sand	847	Solid Oil
2	sand	849	50% oil
1	sandy shale	850	10% Oil
10	sandy shale	860	no Oil
60	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 # 248677

Invoice Date: 03/31/2012 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

GUETTERMAN A-I-9
36560
NE 19 14 22 JO
3/28/12
KS

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
369	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE	899.00	.00	.00
558	MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1886.14 Freight: .00 Tax: 141.94 AR 3633.08
Labor: .00 Misc: .00 Total: 3633.08
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36560
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/28/12	3244	Guetterman # A.I. 9	NE 19	14	22	JO
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			DRIVER			
RS			DRIVER			
66092			DRIVER			
JOB TYPE <u>Longstring</u>			HOLE SIZE <u>5 7/8</u>			
HOLE DEPTH <u>920</u>			CASING SIZE & WEIGHT <u>2 3/8" EUE</u>			
CASING DEPTH <u>899</u>			DRILL PIPE <u>Baffle in</u>			
TUBING <u>8 6/8</u>			OTHER			
SLURRY WEIGHT			SLURRY VOL			
WATER gal/sk			CEMENT LEFT in CASING <u>.31' + Plug</u>			
DISPLACEMENT <u>565 BBL</u>			DISPLACEMENT PSI			
MIX PSI			RATE <u>5 BPM</u>			

REMARKS: Establish pump rate. Mix + Pump 1 Gal HE-100 Polymer Flush. Circulate to condition hole. Mix + Pump 100# Premium Gel. Flush. Mix + Pump 125 sks 50/50 Poz Mix Cement 270 Gal 5% Salt 5# KOL Seal/5K. 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.

TDS Drilling (was) Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
15401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	899	Casing Footage		N/C
5407	Minimum	Ton Miles	558	350 ⁰⁰
5002C	2 1/2 hrs	80 BBL Vac Truck	369	225 ⁰⁰
1124	125 sks	50/50 Poz Mix Cement		1368 ⁷⁵
118B	310#	Premium Gel		65 ¹⁰
1111	242#	Granulated Salt		8954
110A	625#	Kol Seal		287 ⁵⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1407	1 Gal	HE-100 Polymer.		47 ²⁵
248677				
			752620	SALES TAX
				ESTIMATED
				TOTAL
				14194
				3633 ⁰⁰

Ravin 3737 AUTHORIZATION No Co. Rep. on Site 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