



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: _____



1080023

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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Franklin County, KS
Well: Van Horn A-1
Lease Owner: Alta Vista

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

Commenced Spudding:
1/10/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
12	Soil/Clay	12
18	Shale	30
24	Lime	54
8	Shale	62
10	Lime	72
3	Shale	75
16	Lime	91
39	Shale	130
18	Lime	148
18	Sandy Shale	166
6	Sand	172
57	Shale	229
23	Lime	252
25	Shale	277
6	Lime	283
15	Shale	298
6	Shale	304
8	Shale	312
6	Lime	318
28	Shale	346
23	Lime	369
8	Shale	377
24	Lime	401
4	Shale	405
3	Lime	408
5	Shale	413
3	Lime	416
6	Shale	422
2	Lime	424
41	Shale	465
10	Sand	475
108	Sandy Shale	583
8	Lime	591
8	Shale	599
5	Lime	604
2	Shale	606
1	Lime	607
7	Shale	614
4	Lime	618
15	Shale	633

Thickness of Strata	Formation	Total Depth	Remarks
12	soil/clay	12	
18	shale	30	
24	lime	54	
8	shale	62	
10	lime	72	
3	shale	75	
16	lime	91	
39	shale	130	
18	lime	148	
18	sandy shale	166	
6	sand	172	no oil, gas
57	shale	229	
23	lime	252	
25	shale	277	
6	lime	283	
15	shale	298	
6	sandy shale	304	
8	shale	312	
6	lime	318	
28	shale	346	
23	lime	369	
8	shale	377	
24	lime	401	
4	shale	405	
3	lime	408	
5	shale	413	
3	lime	416	

410

Thickness of Strata	Formation	Total Depth	Remarks
6	shale	422	
2	lime	424	
41	shale	465	
10	sand	475	
108	sandy shale	583	no oil, grey
8	lime	591	
8	shale	599	
5	lime	604	
2	shale	606	
1	lime	607	
7	shale	614	
4	lime	618	
15	shale	633	
3	lime	636	
9	shale	645	
6	lime	651	
4	shale	655	
2	lime	657	
11	shale	668	
6	lime	674	
4	shale	678	
8	sand	696	
8	sandy shale	704	
27	shale	731	
1	sand	732	solid
17	cone	749	
3	sand	752	page - 10

BUCKEYE SUPPLY PIPE TALLEY

FROM <u>Dave Stock</u>				DATE <u>1/12/12</u>	
TO <u>D.L.A.</u>				PO NO.	
TALLY OF	SIZE <u>2 7/8</u>	IN.	KIND <u>Upset</u>	NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>
THREAD <u>8rd</u>	WEIGHT		CHG NO.		
ON (R.L. OR TRUCK CO.)			CAR OR TRUCK NO.		

NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	31	70	31	80						
2	32	85	31	85						
3	32	75	31	85						
4	32	05	30	15	→ below seat					
5	31	50	30	05						
6	31	05								
7	31	55								
8	30	70								
9	32	90								
10	33	10								
11	32	05			4/0 THDS	to seat	+ seat			
12	30	30								
13	31	60			726	90				
14	31	40								
15	31	85								
16	31	05			4/0 THDS	+ seat	total pipe			
17	31	50								
18	31	60					786	80		
19	31	60								
20	31	70								
Total	624	70	155	70						

TOTALS:	No. of Pieces <u>25</u>	Length <u>790</u>	Fl. <u>10</u>	Ins.
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Remarks: Van. total

Tallied by <u>Dennis + Tracy</u>	Received By <u>TOS</u>
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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 # 247101

Invoice Date: 01/16/2012 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

VAN NORN A-1
36822
SE 13 16 22 FR
01/12/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.9500	1127.85
1118	PREMIUM GEL / BENTONITE	173.00	.2100	36.33
1111	SODIUM CHLORIDE (GRANULA	199.00	.3700	73.63
1110A	KOL SEAL (50# BAG)	515.00	.4600	236.90
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)	.00	4.00	.00
495 CASING FOOTAGE	786.00	.00	.00
510 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1546.54 Freight: .00 Tax: 120.62 AR 3007.16
 Labor: .00 Misc: .00 Total: 3007.16
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36822

LOCATION Ottawa KS

FOREMAN Fred Maden

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
1/12/12	3244	Van Horn # A-1	SE 13	16	20	FR
CUSTOMER			TRUCK#			
Mailing Address			DRIVER			
CITY			TRUCK#			
STATE			DRIVER			
ZIP CODE			TRUCK#			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8" KUE
 CASING DEPTH 786 DRILL PIPE Baffle in TUBING @ 756 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 30'
 DISPLACEMENT 4.4B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate Mix + Pump 1/2 Gal ESA-41 + 1/2 Gal HE-100 polymer flush. Circulate to condition hole. Mix + Pump 103.5 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. Shut in casing.

Top Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	786'	Casing footage		N/C
5407	1/2 minimum	Ton Miles		7.75 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck		135 ⁰⁰
1124	103 sks	50/50 Por Mix Cement		1127 ⁸⁵
1118B	173#	Premium Gel		36 ³³
111	199#	Granulated Salt		73 ⁶³
1110A	515#	Kol Seal		236 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
<u>247101</u>				
			7.5%	SALES TAX
				ESTIMATED TOTAL
				3007.16

Ravin 9737

AUTHORIZATION Jim Haehn 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.