



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: _____



1080038

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Van Horn AI-1
Lease Owner: Alta Vista

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

Commenced Spudding:
1/9/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-28	Soil-Caly	28
25	Lime	53
8	Shale	61
10	Lime	71
3	Shale	74
16	Lime	90
10	Shale	100
3	Redbed	103
26	Shale	129
18	Lime	147
82	Shale	229
23	Lime	252
23	Shale	275
6	Lime	281
29	Shale	310
10	Lime	320
8	Shale	328
2	Lime	330
17	Shale	347
8	Lime	355
2	Shale	357
13	Lime	370
11	Shale	381
21	Lime	402
4	Shale	406
11	Lime	417
5	Shale	422
4	Lime	426
39	Shale	465
3	Sandy Shale	468
65	Shale	533
2	Sandy Shale	535
10	Sand	545
33	Shale	578
11	Lime	589
5	Shale	594
4	Lime	598
8	Sandy Shale	606
4	Coal	610
5	Shale	615

Thickness of Strata	Formation	Total Depth	Remarks
0-23	soil-clay	23	
25	Lime	53	
8	shale	61	
10	Lime	71	
3	shale	74	
16	Lime	90	
10	shale	100	
3	redbrd	103	
26	shale	129	Sandy
18	Lime	147	
82	shale	229	Sandy seams
23	Lime	252	
23	shale	275	
6	Lime	281	
29	shale	310	
10	Lime	320	
8	shale	328	
2	Lime	330	
17	shale	347	
8	Lime	355	
2	shale	357	
13	Lime	370	
11	shale	381	
21	Lime	402	
4	shale	406	
11	Lime	417	
5	shale	422	

422

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	426	
39	Shale	465	
3	sandy shale	468	No Oil
65	Shale	533	
2	sandy shale	535	
10	sand	545	no Oil
33	Shale	578	
11	Lime	589	
5	Shale	594	
4	Lime	598	
8	sandy shale	606	
4	Coal	610	
5	Shale	615	
4	Lime	619	
14	Shale	633	
3	Lime	636	
7	Shale	643	
14	Lime	657	
11	Shale	668	
6	Lime	674	
2	sandy shale	676	
1	Lime	677	
6	Sand	683	no Oil
12	Sand	695	odor no bleed brown
5	sandy shale	700	
24	Shale	724	
1	Sand	730	50% Oil



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 # 247100

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 AI-1
36821
SE 13 16 20 FR
01/12/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	103.00	10.9500	1127.85
1118B	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)	20.00	4.00	80.00
495 CASING FOOTAGE	787.00	.00	.00
510 MIN. BULK DELIVERY	.50	350.00	175.00

Parts: 1546.54 Freight: .00 Tax: 120.62 AR 3087.16
Labor: .00 Misc: .00 Total: 3087.16
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 36821

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/2/12	3244	Van Horn # AI-1	SE 13	16	20	FIR
CUSTOMER <u>Alta Vista Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>4595 K-33 Hiway</u>			506	FREEMAD	Safely	Mix
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	495	NARBEC	NAB	
			370	CARMOD	GM	
			510	KEICAR	KC	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 800' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 787 DRILL PIPE Baffle in TUBING @ 75' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 30'
 DISPLACEMENT 4.4 BBL 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 sks 50/50
Por Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to Surface
Flush pump + lines - Displace 2 1/2" Rubber plug to Baffle in casing.
Pressure to 800# PSI. Release pressure to set float valve.
shut in casing.

TOB Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	787	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	510	175 ⁰⁰
5502C	1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1124	103 sks	50/50 Por Mix Cement		1127 ⁸⁵
118B	173 #	Premium Gel		36 ³³
1111	199 #	Granulated Salt		73 ⁶³
1110A	51.5 #	Kol Seal		236 ⁹⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1143	1/2 Gal	ESA-41		20 ²⁰
1401	1/2 Gal	HE100 Polymer.		23 ⁶³
<u>247100</u>				
			7.87%	SALES TAX 120.42
				ESTIMATED TOTAL 3087.15

avin 5737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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