



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: _____



1080058

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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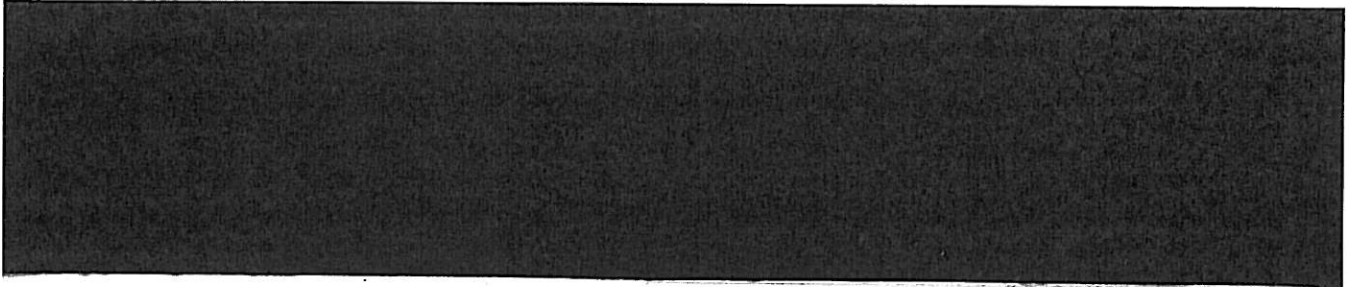
Franklin County, KS
Well: Van Horn AI-3
Lease Owner: Alta Vista

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

Commenced Spudding:
1/28/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
17	Soil-Clay	17
26	Lime	43
9	Shale	51
11	Lime	62
3	Shale	65
17	Lime	82
56	Shale	138
32	Lime	170
50	Shale	220
22	Lime	242
26	Shale	268
5	Lime	273
25	Shale	298
10	Lime	308
27	Shale	335
24	Lime	359
11	Shale	370
20	Lime	390
4	Shale	394
4	Lime	398
3	Shale	401
4	Lime	405
5	Shale	410
3	Lime	413
154	Shale	567
8	Lime	575
13	Shale	588
4	Lime	592
9	Shale	601
6	Lime	607
13	Shale	620
3	Lime	623
10	Shale	633
13	Lime	646
5	Shale	651
9	Lime	660
10	Shale	670
12	Sand	672
10	Sand	682
6	Sand	688



Thickness of Strata	Formation	Total Depth	Remarks
17	soil/clay	17	
26	Lime	43	
9	shale	51	
11	Lime	62	
3	shale	65	
17	Lime	82	
56	shale	138	
32	Lime	170	
50	shale	220	
22	Lime	242	
26	shale	268	
5	lime	273	
25	shale	298	
10	Lime	308	
27	shale	335	
24	Lime	359	
11	shale	370	
20	Lime	390	
4	shale	394	
4	Lime	398	
3	shale	401	
4	Lime	405	
5	shale	410	
3	Lime	413	
154	shale	567	
8	Lime	575	
13	shale	588	



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 # 247581

Invoice Date: 01/31/2012 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

VAN HORN AI3
36912
SW 18 16 21 FR
01/31/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	110.00	10.9500	1204.50
1118B	PREMIUM GEL / BENTONITE	185.00	.2100	38.85
1111	SODIUM CHLORIDE (GRANULA	213.00	.3700	78.81
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368 CASING FOOTAGE	783.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1646.99 Freight: .00 Tax: 128.46 AR 3350.45
 Labor: .00 Misc: .00 Total: 3350.45
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36912

LOCATION Ottawa

FOREMAN Alan Mader

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
1-21-12	3244	Vanhorn A13	S 18	16	21	PK
CUSTOMER <u>Altavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>Box 128</u>			516	Alamy	Boyer	Meat
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	368	Alan M	Alamy	
			369	Jerome	D.M.	
			558	Ryan S	RS	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 799 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 783 DRILL PIPE _____ TUBING _____ OTHER baffle 751
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established ~~well~~ rate. Mixed & pumped 1/2 gal ESA 41 & 1/4 gal polymer. Circulated well. Mixed & pumped 110 gk 50150 cement plus 5# Kalseal, 5 1/2 salt 2% gal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

705, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.30.00
5406	15	MILEAGE		60.00
5402	783	casing footage		
5407	min	ten miles		350.00
5302C	1 1/2	80 use		135.00
1124	110 sk	50150 cem		1209.50
1118B	185 #	gal		38.85
1111	213 #	salt		78.81
1110A	550 #	Kalseal		253.00
1143	1/2 gal	ESA 41		20.20
1401	1/2 gal	polymer		23.63
4402	1	2 1/2 plug		28.00
<u>247581</u>				
			SALES TAX	128.46
			ESTIMATED TOTAL	3350.45

Ravin 3787

AUTHORIZATION _____ 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.