



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: _____



1090123

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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Name</td> <td style="width:15%; border-bottom: 1px solid black;">Top</td> <td style="width:15%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Brown AI-12
Lease Owner:AltaVista

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

Commenced Spudding:
6/12/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	Soil-Clay	5
8	Lime	13
9	Shale	22
11	Lime	33
4	Shale	37
16	Lime	53
43	Shale	96
30	Lime	126
9	Shale	135
7	Lime	142
45	Shale	187
19	Lime	206
29	Shale	235
7	Lime	242
25	Shale	267
10	Lime	277
22	Shale	299
10	Lime	309
2	Shale	311
14	Lime	325
6	Shale	331
23	Lime	354
4	Shale	358
3	Lime	361
2	Shale	363
7	Lime	370
110	Shale	480
8	Sand & Lime	488
27	Shale	515
8	Lime	523
8	Shale	531
1	Lime	532
3	Shale	535
7	Lime	542
6	Shale	548
9	Lime	557
9	Shale	566
6	Lime	572
15	Shale	587
3	Lime	590

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. AI-12

Farm Brown

KS Franklin
(State) (County)

19 16 21
(Section) (Township) (Range)

For Altavista Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-5	Soil-clay	5	
8	Lime	13	
9	Shale	22	
11	Lime	33	
4	shale	37	
16	Lime	53	
43	shale	96	
30	Lime	126	
9	shale	135	
7	Lime	142	
45	shale	187	
19	Lime	206	
29	Shale	235	
7	Lime	242	
25	shale	267	
10	Lime	277	
22	shale	299	
10	Lime	309	
2	shale	311	
14	Lime	325	
6	shale	331	
23	Lime	354	
4	shale	358	
3	Lime	361	
2	shale	363	
7	Lime	370	
110	shale	480	

480

Thickness of Strata	Formation	Total Depth	Remarks
8	sand & lime	488	no Oil
27	shale	515	
8	Lime	523	
8	shale	531	
1	Lime	532	
3	shale	535	
7	Lime	542	
6	shale	548	
9	Lime	557	
9	shale	566	
6	Lime	572	
15	shale	587	
3	Lime	590	
10	shale	600	
2	Lime	602	
2	shale	604	
3	Lime	607	
5	shale	612	
1	Lime	613	
8	shale	621	
3	limey sand	624	solid Oil - good bleed
2	lime	626	no Oil
6	sandy shale	632	no Oil
2	sandy shale	634	10% Oil
5	sand	639	solid Oil
6	sand	645	10-20% Oil
6	sandy shale	651	no 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 # 250534

Invoice Date: 06/15/2012 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

BROWN AI-12
37301
19-16-21
06-13-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	98.00	10.9500	1073.10
1118B	PREMIUM GEL / BENTONITE	265.00	.2100	55.65
1111	SODIUM CHLORIDE (GRANULA	190.00	.3700	70.30
1110A	KOL SEAL (50# BAG)	490.00	.4600	225.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495 CASING FOOTAGE	.00	.22	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1476.08	Freight:	.00	Tax:	115.12	AR	3231.20
Labor:	.00	Misc:	.00	Total:	3231.20		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37301
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
6/13/12	3244	Brown # AI-12	NW 19	16	21	FR
CUSTOMER <u>Alta Vista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			506 FREMAD Safety Mtg			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			495 HARBEK HB			
			369 PERMAS DM			
			545 MIKHAA MT			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 782 CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 758 DRILL PIPE Baffle in TUBING @ 726' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug +
DISPLACEMENT 4.22 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal NE-100 Polymer Flush. Circulate to condition hole. Mix + Pump 100# Gal Flush. Mix + Pump 98 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kal 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.

TOS Drilling - Wesley Dillard

Fred Maden

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		Casing footage		N/C
5407	Minimum	For Miles	548	350 ⁰⁰
5502C	2 hrs	FO BBL Vac Truck	369	180 ⁰⁰
1124	98 sks	50/50 Poz Mix Cement		1073 ¹⁰
1118B	265 #	Premium Gel		5565
1111	190 #	Granulated Salt		70 ³⁰
1110A	490 #	Kal Seal		225 ⁴⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1401	1/2 Gal	NE-100 Polymer		23 ⁶³
			7.8%	SALES TAX
				ESTIMATED TOTAL

Completed

RAVIN 3737 AUTHORIZATION [Signature] TITLE 250534 DATE _____
ESTIMATED TOTAL 3231²⁰

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.