



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: _____



1094374

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				

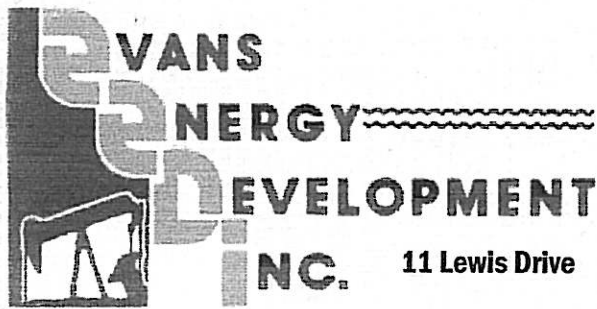
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Altavista Energy, Inc.

Spindle AI-3

API # 15-121-28,996

December 13 - December 17, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & lime	2
32	shale	34
5	lime	39
44	shale	83
12	lime	95
14	shale	109
28	lime	137 oil show
4	shale	141
22	lime	163 base of the Kansas City
4	shale	167
3	lime	170
4	shale	174
7	lime	181
5	shale	186
4	oil sand	190 green, lite oil show
15	silty shale	205
10	broken sand	215 brown sand, grey shale, lite oil show
10	sand	225 grey, no oil
110	shale	335
1	limey sand	336 brown sand, good bleeding
0.5	lime	336.5 no bleeding
0.5	limey sand	337 brown sand, 100% bleeding
1.5	broken sand	338.5 brown & grey sand with a few lime seams 30% bleeding
4.5	limey sand	343 brown sand, 50% bleeding
4	broken sand	347 brown & green sand with a few lime seams 90% bleeding
3	broken sand	350 brown & green sand, 20% oil sand a few thin bleeding seams
37	silty shale	387
7	lime	394
26	shale	420 TD

Drilled a 9 7/8" hole to 20.8'

Drilled a 5 5/8" hole to 420'

Set 20.8' of 7" surface casing cemented with 5 sacks of cement

Set 410' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffel.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
336	1	29
337		41
338		38
339		54
340		48
341		33
342		40
343		23
344		26
345		27
346		31
347		27
348		31
349		30
350		27
351		41
352		32
353		40
354		42
355		41



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 # **246589**

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Invoice Date: 12/19/2011 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

SPINDLE AI-3
33190
SW 18 17 24 MI
12/16/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	58.00	10.9500	635.10
1118B	PREMIUM GEL / BENTONITE	197.00	.2100	41.37
1111	SODIUM CHLORIDE (GRANULA	112.00	.3700	41.44
1110A	KOL SEAL (50# BAG)	290.00	.4600	133.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
	Description	Hours	Unit Price	Total
369	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)	35.00	4.00	140.00
495	CASING FOOTAGE	410.00	.00	.00
548	MIN. BULK DELIVERY	.50	350.00	175.00

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Parts: 879.31 Freight: .00 Tax: 66.38 AR 2425.69
Labor: .00 Misc: .00 Total: 2425.69
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33190

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
12-16-11	3274	Spindle A-3	SW 18	17	24	MI
CUSTOMER Altavista Energy			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meet
CITY STATE ZIP CODE Wellsville KS 66092			425	Harold B	HJB	
			369	Derek M	DM	
			548	Keith C	KC	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 420 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 410 DRILL PIPE _____ TUBING _____ OTHER 379 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 58 sk 50/50 cement plug 5# Kolseal, 570 salt, 290 gel perisack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Evans Energy, Travis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	35	MILEAGE		140.00
5402	410	casing footage		
5407	1/2 in in	ton miles		175.00
5502C	1 1/2 hr	8.0 vac		135.00
1124	58	50/50 cement		635.10
1118B	197#	gel		46.37
1111	112#	salt		41.44
1110A	290#	Kolseal		133.40
4402	1	2 1/2 plug		28.00
				2465.89
SALES TAX				66.38
ESTIMATED TOTAL				2425.69

Ravin 3737

AUTHORIZATION [Signature]

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.