



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: _____



1100435

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Baldwin West A-2
Lease Owner: AltaVista

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

Commenced Spudding:
10/1/202

WELL LOG

Thickness of Strata	Formation	Total Depth
0-21	Soil-Clay	21
14	Shale	35
2	Lime	37
9	Shale	46
2	Lime	48
134	Shale	182
7	Lime	189
10	Shale	199
13	Lime	212
8	Shale	220
8	Lime	228
6	Shale	234
22	Lime	256
22	Shale	278
18	Lime	296
74	Shale	370
23	Lime	393
19	Shale	412
6	Lime	418
23	Shale	441
20	Lime	461
17	Shale	478
7	Lime	485
1	Shale	486
15	Lime	501
4	Shale	510
24	Lime	534
4	Shale	538
4	Lime	542
4	Shale	546
6	Lime	552
169	Shale	721
5	Lime	726
17	Shale	743
5	Lime	748
19	Shale	767
3	Lime	770
43	Shale and Lime	813
1	Lime	814
2	Shale	816

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 x PSI x .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.

A-2

Farm

Baldwin West

KS
(State)

Douglas
(County)

2
(Section)

15
(Township)

20
(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
0-21	soft clay	21	
14	shale	35	
2	Lime	37	
9	shale	46	
2	Lime	48	
134	shale	182	
7	Lime	189	
10	shale	199	
13	Lime	212	
8	shale	220	
8	Lime	228	
6	shale	234	
22	Lime	256	
22	shale	278	
18	Lime	296	
74	shale	370	
23	Lime	393	
19	shale	412	
6	Lime	418	
23	shale	441	
20	Lime	461	
17	shale	478	
7	Lime	485	
1	shale	486	
15	Lime	501	
9	shale	510	
24	Lime	534	



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 # 253452

Invoice Date: 10/08/2012 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

BALDWIN WEST A-2
34996
2-15-20
10-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	10.9500	1095.00
1118B	PREMIUM GEL / BENTONITE	268.00	.2100	56.28
1111	SODIUM CHLORIDE (GRANULA	193.00	.3700	71.41
1110A	KOL SEAL (50# BAG)	500.00	.4600	230.00
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)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
495 CASING FOOTAGE	876.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1504.32 Freight: .00 Tax: 109.82 AR 3229.14
Labor: .00 Misc: .00 Total: 3229.14
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 34996

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/4/12	3244	Baldwin West. A-2	SW 2	15	20	DG.

CUSTOMER <u>Altavista Energy Inc</u>		
MAILING ADDRESS <u>4595 K 33 Highway</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety Mdr	
495	Kel Car	KC	
369	Jas Ric	JR	
558	Bre Man	BM	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 876 DRILL PIPE Baffle in tubing @ 876 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug + 30'
 DISPLACEMENT 4.92 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal HE-100 Polymer Flush.
Circulate to condition hole. Mix + Pump 100# Gel Flush. Mix + Pump
100 SKS 50/50 Pce Mix Cement 2% Gel 5% Salt 5# Kel Seal/sk.
Thin 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.
Note: Cement thin @ surface. Will return to top off
Well w/ Cement near future.

Fred Mader

105 Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	25mi	MILEAGE	495	100 ⁰⁰
5402	876	Casing Footage		N/C
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	1 1/2 hr	80 BBL Van Truck	369	135 ⁰⁰
1124	100 SKS	50/50 Pce Mix Cement	1095 ⁰⁰	109500
1118B	266 ^{sk}	Premium Gel		56 ²⁵
1111	193 [#]	Granulated Salt		71 ⁴¹
110A	500 [#]	Kel Seal		230 ⁰⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶³
			7.3%	SALES TAX
				ESTIMATED TOTAL
				10982
				3229 14

Completed

Ravin 3737

AUTHORIZATION Wesley Dollard 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

253452