



**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: \_\_\_\_\_



1104813

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Douglas County, KS  
Well: Mary Bell AI-21  
Lease Owner: AltaVista

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

Commenced Spudding:  
8/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	Soil-Clay	6
3	Lime	9
2	Clay	11
142	Shale	153
5	Lime	158
8	Shale	166
12	Lime	178
8	Shale	186
8	Lime	194
6	Shale	200
22	Lime	222
18	Shale	240
6	Lime	246
3	Shale	249
18	Lime	267
74	Shale	341
23	Lime	364
17	Shale	381
7	Lime	388
25	Shale	413
15	Lime	428
7	Shale	435
1	Lime	436
11	Shale	447
25	Lime	472
8	Shale	480
22	Lime	502
4	Shale	506
4	Lime	510
4	Shale	514
6	Lime	520
172	Shale	692
7	Lime	699
40	Shale	739
3	Lime	742
19	Shale	761
3	Lime	764
22	Shale	786
1	Lime	787
3	Shale	790





# 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-21

Farm Mary Bell

KS Douglas  
 (State) (County)

1 15 20  
 (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
0-6	Soil-clay	6	
3	Lime	9	
2	clay	11	
142	shale	153	
5	Lime	158	
8	shale	166	
12	Lime	178	
8	Shale	186	
8	Lime	194	
6	Shale	200	
22	Lime	222	
18	Shale	240	
6	Lime	246	
3	Shale	249	
18	Lime	267	
74	Shale	341	
23	Lime	364	
17	Shale	381	
7	Lime	388	
25	Shale	413	
15	Lime	428	
7	Shale	435	
1	Lime	436	
11	Shale	447	
25	Lime	472	
8	Shale	480	
22	Lime	502	









**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 # 252259

Invoice Date: 08/22/2012 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

MARY BELL #AI-21  
37589  
1-15-20  
08-20-2012  
KS

=====

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.9500	1335.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2100	64.05
1111	SODIUM CHLORIDE (GRANULA	236.00	.3700	87.32
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
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
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
495 CASING FOOTAGE	881.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

=====

Parts:	1819.50	Freight:	.00	Tax:	132.82	AR	3612.32
Labor:	.00	Misc:	.00	Total:	3612.32		
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

TICKET NUMBER 37589  
LOCATION Offawa KS  
FOREMAN Fred 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
8/20/12	3244	Mary Bell # A.I. 21	sw 1	15	20	PG
CUSTOMER Alta Vista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4595 33 Highway			506 Fred Mad Safety Mx			
CITY STATE ZIP CODE Wellsville KS 66092			495 Har Rec NB			
			675 Kai Det KD			
			503 Dan Det DD			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 881' DRILL PIPE Baffle in TUBING 8.50' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug + 31'  
DISPLACEMENT 4.9438 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 53 RPM

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal NE-100 Polymer. Circulate to condition hole. Mix + Pump 100# Gal Flush. Mix + Pump 122 sks 50/50 Poz Mix Cement 2% Gal 5% Salt 5th 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.

TDS Drilling - Wes

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	25 mi	MILEAGE	495	100.00
5402	881'	Casing footage		N/C
5407	Minimum	Ten Miles		350.00
5502C	2 hrs	60 BBL Vac Truck	675	180.00
1124	122 sks	50/50 Poz Mix Cement		1335.00
1116B	305#	Premium Gal		64.05
1111	236#	Granulated Sulf		87.32
1110A	610#	Kal Seal		280.60
4402	1	2 1/2" Rubber plug		25.00
1401	1/2 Gal	NE-100 Polymer		23.63
			7.3%	SALES TAX
				ESTIMATED TOTAL

**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.

252259