



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



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**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 # 251109

Invoice Date: 07/11/2012 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

NICKEL #5  
37389  
15-22-16  
07-03-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	38.00	10.9500	416.10
1118B	PREMIUM GEL / BENTONITE	71.00	.2100	14.91
1111	SODIUM CHLORIDE (GRANULA	89.00	.3700	32.93
1110A	KOL SEAL (50# BAG)	190.00	.4600	87.40

  

Description	Hours	Unit Price	Total
548 TON MILEAGE DELIVERY	1.00	106.55	106.55
666 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	47.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts: 551.34 Freight: .00 Tax: 34.73 AR 1652.62  
 Labor: .00 Misc: .00 Total: 1652.62  
 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





PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 37389  
LOCATION Attawa, KS  
FOREMAN Carey Kennedy

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/3/12	3244	Nickel # 5	SE 15	22	16	CO

CUSTOMER  
Altavista Energy

MAILING ADDRESS  
PO Box 128

CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Castan	ck	
666	Gar Moo	GM	
675	Kei Det	KD	
548	Mik Haa	MH	

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 47' CASING SIZE & WEIGHT 7"

CASING DEPTH 47' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5'

DISPLACEMENT 1.75 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.6 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 38 sks 50/50 Pozmix cement w/ 5% gel, 5% Salt, + 5# Kal Seal per sk, cement to surface, displaced cement w/ 1.75 bbls fresh water, shut in casing, 5' cement left in casing.

AKG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		825.00
5406	on lease	MILEAGE		
5402	47'	Casing footage		
5407A	79.515	ton mileage		106.55
5502C	1.5 hrs	80 Vac		135.00
1124	38 sks	50/50 Pozmix Cement		416.10
1118B	71 #	Premium Gel		14.91
1111	89 #	Salt		32.93
1110A	190 #	Kal Seal		87.40
				SALES TAX <u>34.73</u>
				ESTIMATED TOTAL <u>1652.62</u>

Ravin 3737 251109 DATE \_\_\_\_\_

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_

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.



**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 # 251203

Invoice Date: 07/13/2012 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

NICKEL #5  
37377  
15-22-16  
07-10-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	143.00	10.9500	1565.85
1118B	PREMIUM GEL / BENTONITE	340.00	.2100	71.40
1111	SODIUM CHLORIDE (GRANULA	277.00	.3700	102.49
1110A	KOL SEAL (50# BAG)	715.00	.4600	328.90
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
503 TON MILEAGE DELIVERY	270.27	1.34	362.16
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666 CASING FOOTAGE	1074.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 2096.64 Freight: .00 Tax: 132.09 AR 3800.89  
 Labor: .00 Misc: .00 Total: 3800.89  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37377  
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
7/10/12	3244	Nickel #5	sw 15	22	16	CF

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Alta Vista Energy Inc MAILING ADDRESS 4595 33rd Hwy CITY: Wellsville STATE: KS ZIP CODE: 66092	506	Fred Mad	Safety	MD
	666	Gar Moo	GM	
	675	Kai Det	KB	
	583	Ryan	RS	

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 1091 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1074 DRILL PIPE Baffle in TUBING 10 3/4 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 0.6 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Ply  
 DISPLACEMENT 6.13 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 BPM

REMARKS: Establish circulation. Mix Pump 100\* Gel Flush. Mix Pump 143 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

*Fred Maden*

*Kurt Finney Drilling*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1036 <sup>00</sup>
5406	-	MILEAGE		N/C
5402	1074	Casing Footage		N/C
5407	270.27	Ton Miles	503	362 <sup>45</sup>
5502C	2hrs	50 BBL Vac Truck	675	180 <sup>00</sup>
1124	143 SKS	50/50 Poz Mix Cement		1565 <sup>85</sup>
1115B	340#	Premium Gel		71 <sup>40</sup>
1111	277#	Granulated Salt		102 <sup>49</sup>
1110A	75#	Kal Seal		328 <sup>20</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			6375	
			6070	
		SALES TAX		132 <sup>09</sup>
		ESTIMATED TOTAL		3800 <sup>89</sup>

*Completed*

Ravin 3737

*[Signature]*

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.

*251203*