



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 # 254080

Invoice Date: 10/29/2012 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

WILFRED LEHMAN A-1
35117
23-22-16
10-26-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	45.00	10.9500	492.75
1118B	PREMIUM GEL / BENTONITE	76.00	.2100	15.96
1111	SODIUM CHLORIDE (GRANULA	87.00	.3700	32.19
1110A	KOL SEAL (50# BAG)	225.00	.4600	103.50
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE	44.00	.00	.00
558	TON MILEAGE DELIVERY	94.16	1.34	126.17

Parts: 644.40 Freight: .00 Tax: 40.60 AR 1816.17
Labor: .00 Misc: .00 Total: 1816.17
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 35117
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/26/12	3244	Wilfred Lehman # A-1	NE 23	22	16	CF
CUSTOMER Altavista Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			506	Fre Mad	Safety	Way
CITY STATE ZIP CODE Wellsville KS 66092			495	Har Bee	1413	J
			369	Der Mas	DM	!
			558	Bre Men	BM	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 44' CASING SIZE & WEIGHT 5"
CASING DEPTH 44' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10'
DISPLACEMENT 1.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation thru 7" casing. Mix & Pump 45 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Displace 7" casing clean w/ 1.8 BBLs water. Shut in casing.

Finney Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
54015	1	PUMP CHARGE	495	825 ⁰⁰	
5406	—	MILEAGE		N/C	
5402	44	Casing footage		N/C	
5402A	94.16	For Miles	558	12617	
5502C	2 hrs	80 BBL Vac. Truck	369	180 ⁰⁰	
1124	45 sks	50/50 Poz Mix Cement		492 ⁷⁵	
1118B	76#	Premium Gel		15 ⁹⁶	
1111	87#	Granulated Salt		32 ¹⁹	
1110A	225#	Kol Seal		123 ⁵⁰	
			6.370	SALES TAX	40 ⁶⁰
				ESTIMATED	
				TOTAL	1816 ¹⁷

Job completed

Ravin 3737 AUTHORIZATION David Van H... 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.

254080



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 # 254219

Invoice Date: 10/31/2012 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

WILFRED LEHMANN A-1
35093
23-22-16
10-31-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	153.00	10.9500	1675.35
1118B	PREMIUM GEL / BENTONITE	357.00	.2100	74.97
1111	SODIUM CHLORIDE (GRANULA	321.00	.3700	118.77
1110A	KOL SEAL (50# BAG)	765.00	.4600	351.90
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503	TON MILEAGE DELIVERY	1.00	429.01	429.01
666	CEMENT PUMP	1.00	1030.00	1030.00
666	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
666	CASING FOOTAGE	1037.00	.00	.00

=====
Parts: 2248.99 Freight: .00 Tax: 141.68 AR 4209.68
Labor: .00 Misc: .00 Total: 4209.68
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35093

LOCATION Ohawa, KS

FOREMAN Casper Kennedy

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
10/31/12	3244	Wilfred Lehmann # A-1	NE 23	22	16	CO
CUSTOMER			TRUCK #			
Altauiska Energy			481	Cashen	✓	Safety Meeting
MAILING ADDRESS			1010	KeiCar	✓	
PO Box 128			503	DanDet	✓	
CITY	STATE	ZIP CODE	370	JasRic	✓	
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 1055' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1037' DRILL PIPE TUBING baffle - 1011' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 26'
 DISPLACEMENT 5.88 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 153 slcs 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.88 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	45 mi	MILEAGE		180.00
5402	1037'	casing footage		
5407A	320.153	van mileage		429.01
5502C	2 hrs	80 Vac		180.00
1124	153 slcs	50/50 Pozmix cement		1675.35
1118B	357 #	Premium Gel		74.97
1111	321 #	Salt		118.77
1110A	765 #	Kolseal		351.90
4402	1	2 1/2" rubber plug		28.00
			6.3%	SALES TAX
				ESTIMATED TOTAL
				4209.68

[Red stamp: Completed]

Ravin 3737

AUTHORIZATION Daniel Ventron 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

254219