



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



1107526

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 Bbbs.	Gas Mcf	Water Bbbs.	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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# DRILLERS LOG

API NO: 15 - 031 - 23306 - 00 - 00OPERATOR: ALTAVISTA ENERGY INCADDRESS: 4595 K-33 HWY, P.O. BOX 128, WELLSVILLE, KS 66092WELL #: 10LEASE NAME: SAUDER

S. 14	T. 22	R. 16	<u>E.</u>	W.
LOCATION: <u>SW NW NW SW</u>				
COUNTY: <u>COFFEY</u>				
ELEV. GR.: <u>1034</u>				
DF: _____ KB: _____				

FOOTAGE LOCATION: 2145 FEET FROM (N) (S) LINE 5115 FEET FROM (E) (W) LINECONTRACTOR: FINNEY DRILLING COMPANYGEOLOGIST: DOUG EVANSSPUD DATE: 8/29/2012TOTAL DEPTH: 1092 P.B.T.D. \_\_\_\_\_DATE COMPLETED: 8/31/2012OIL PURCHASER: COFFEYVILLE RESOURCES

## CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	56.50	OWC	57	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 8rd	6.5	1069.05	OWC	138	SERVICE COMPANY

## WELL LOG

CORES: #1 - 1018.75 - 1025.75

RAN: 3 CENTRALIZERS

RECOVERED:

1 FLOATSHOE

ACTUAL CORING TIME:

1 SEATING NIPPLE

1 BAFFLE

FORMATION	TOP	BOTTOM
TOP SOIL	0	4
CLAY	4	29
SAND - HARD	29	39
SHALE	39	226
LIME	226	274
SHALE	274	377
LIME	377	385
SHALE	385	398
LIME	398	412
SHALE	412	421
LIME	421	499
SHALE	499	503
RED BED	503	510
SHALE	510	523
LIME	523	525
SAND & SHALE	525	542
KC LIME	542	571
SHALE	571	574
LIME	574	600
SHALE	600	605
LIME	605	627
SHALE	627	633
KC LIME	633	637
SHALE	637	641
HERTHA LIME	641	653
BIG SHALE	653	813
LIME	813	815
SHALE	815	825
LIME	825	827
SHALE	827	835
LIME	835	844
SHALE	844	851
LIME	851	853
SHALE	853	897
LIME	897	903
SHALE	903	926
LIME	926	929
SHALE	929	945
LIME	945	948
SHALE	948	970
LIME	970	973

FORMATION	TOP	BOTTOM
SHALE	973	981
LIME	981	983
SHALE	983	1015
CAP LIME	1015	1017
SHALE	1017	1018.75
LIME	1018.75	1019
OIL SAND	1019	1021
SHALE	1021	1021.5
OIL SAND	1021.5	1023.5
SAND & SHALE OIL	1023.5	1025.5
SHALE	1025.5	1045
SAND & SHALE	1045	1052
LIME	1052	1054
SAND & SHALE	1054	1092 T.D.



**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 # **252495**

Invoice Date: **08/30/2012** 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

**SAUDER ~~45~~-10**  
37507  
14-22-16  
08-29-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	10.9500	383.25
1118B	PREMIUM GEL / BENTONITE	59.00	.2100	12.39
1111	SODIUM CHLORIDE (GRANULA	74.00	.3700	27.38
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50
Description		Hours	Unit Price	Total
611	TON MILEAGE DELIVERY	73.24	1.34	98.14
666	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
666	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
666	CASING FOOTAGE	56.00	.00	.00
675	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

=====  
**Parts:** 503.52 **Freight:** .00 **Tax:** 31.71 **AR** 1593.37  
**Labor:** .00 **Misc:** .00 **Total:** 1593.37  
**Sublt:** .00 **Supplies:** .00 **Change:** .00  
 =====

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





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

TICKET NUMBER 37507  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/29/12	3244	Sander #I-10	SW 14	22	16	CO
CUSTOMER <u>Atavista Energy</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 128</u>			DRIVER		TRUCK #	
CITY <u>Wellsville</u>			DRIVER		TRUCK #	
STATE <u>KS</u>		ZIP CODE <u>66092</u>	<u>481</u>	<u>Casey Ken</u>	<u>CK</u>	
			<u>666</u>	<u>Gar Moo</u>	<u>GM</u>	
			<u>675</u>	<u>Kei Det</u>	<u>KD</u>	
			<u>611</u>	<u>Chr Bec</u>	<u>CB</u>	

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 56' CASING SIZE & WEIGHT 7"  
 CASING DEPTH 56' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 5'  
 DISPLACEMENT 2.25 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sts  
50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kolseal per sk, cement to  
surface, displaced cement w/ 2.25 bbls city water, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		825.00
5406	on lease	MILEAGE		_____
5402	56'	casing footage		_____
5407A	73.238	ton mileage		98.14
5502C	1.5 hrs	80 Vac		135.00
1124	35 sts	50/50 Pozmix cement		383.25
1118B	59 #	Premium Gel		12.39
1111	74 #	Salt		27.38
1110A	175 #	Kolseal		80.50
			6.376	SALES TAX
				ESTIMATED
				TOTAL
				31.71
				1593.37

**Completed**

AUTHORIZATION No Co. Rep. on location 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

252495



**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 # 252597

Invoice Date: 08/31/2012 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

SAUDER #10  
37405  
14-22-16  
08-31-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	10.9500	1642.50
1118B	PREMIUM GEL / BENTONITE	352.00	.2100	73.92
1111	SODIUM CHLORIDE (GRANULA	315.00	.3700	116.55
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
611 TON MILEAGE DELIVERY	1.00	420.59	420.59
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
666 CASING FOOTAGE	1069.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 2205.97 Freight: .00 Tax: 138.98 AR 4155.54  
 Labor: .00 Misc: .00 Total: 4155.54  
 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 37405  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/31/12	3244	Saunders # 10	SW 14	22	16	CO
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 128</u>			481 Caslen ck			
CITY STATE ZIP CODE			1010 Kei Car kc			
<u>Wellsville KS 66092</u>			675 Kei Det KD			
			611 Mer Rob NR			
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1092'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>	
CASING DEPTH <u>1069'</u>			DRILL PIPE	TUBING <u>baffle - 1041</u>	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING	
DISPLACEMENT <u>6.05 bbls</u>			DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>	

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls city water, mixed + pumped 150 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 6.05 bbls city water, pressured to 800 PSI, released pressure, shut in casing.

*AKS*

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	1069'	casing footage		
5407A	313.875	ton mileage		420.59
5502C	2 hrs	80 Uac		180.00
1124	150 sks	50/50 Pozmix cement		1642.50
1118B	352 #	Premium Gel		73.92
1111	315 #	Salt		116.55
1110A	750 #	Kalseal		345.00
4402	1	2 1/2" rubber plug		28.00
			6.3%	SALES TAX
				ESTIMATED TOTAL
				138.98
				4155.54

completed

Ravin 3737

AUTHORIZATION No Co Rep. on location 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.

252597