



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
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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: _____



1153271

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Baldwin Unit A-9
Lease Owner: AltaVista

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

Commenced Spudding:
6/30/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
51	Sandstone	59
138	Shale	197
6	Lime	203
6	Shale	209
15	Lime	224
8	Shale	232
7	Lime	239
6	Shale	245
22	Lime	267
29	Shale	296
17	Lime	313
14	Sandy Shale	327
59	Shale	386
22	Lime	408
19	Shale	427
6	Lime	433
16	Shale	449
8	Sand	457
18	Lime	475
16	Shale	491
8	Lime	499
2	Shale	501
14	Lime	515
8	Shale	523
24	Lime	547
4	Shale	551
4	Lime	555
3	Shale	558
7	Lime	565
174	Shale	739
5	Lime	744
17	Shale	761
5	Lime	766
17	Shale	783
4	Lime	787
47	Shale	834
2	Sandy Shale	836
16	Sand	852
4	Sand	856

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. A-9

Farm Baldwin West

KS Douglas
(State) (County)

2 15 20
(Section) (Township) (Range)

For Altavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Baldwin West Farm: Douglas County

KS State; Well No. A-9

Elevation 1082

Commenced Spuding June 30 2013

Finished Drilling July 1 2013

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Ryan Ward

Tool Dresser's Name Greg Perry

Tool Dresser's Name _____

Contractor's Name TOS

2 15 20

(Section) (Township) (Range)

Distance from S line, 660 ft.

Distance from E line, 520 ft.

9 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 5/8" Set 65 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

Brooke June 28 2:00 surface
 Brooke July 1 2:00 casing
 CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
854	65	Seat	nipple		
917		Baffle			
948	95	Float			
					2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil-clay	8	
51	sandstone	59	40-59 water
138	shale	197	
6	lime	203	
6	shale	209	
15	lime	224	
8	shale	232	
7	lime	239	
6	shale	245	
22	lime	267	shells
29	shale	296	some sand - no oil
17	lime	313	
14	sandy shale	327	
59	shale	386	
22	lime	408	
19	shale	427	
6	lime	433	
16	shale	449	
8	sand	457	no oil
18	lime	475	
16	shale	491	
8	lime	499	
2	shale	501	
14	lime	515	515
8	shale	523	523
24	lime	547	547
4	shale	551	551

551

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	555	
3	Shale	558	
7	Lime	565	Hertha
174	Shale	739	
5	Lime	744	
17	Shale	761	
5	Lime	766	
17	Shale	783	
4	Lime	787	
	Shale	834	
2	sandy shale	836	
16	sand	852	broken - brown no oil
4	sand	856	broken - odor no show
12	sand	868	75% oil good show
92	shale	960	TD



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 # 260170

Invoice Date: 06/30/2013 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-9
42038
2-15-20
06-29-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	11.5000	402.50
1118B	PREMIUM GEL / BENTONITE	59.00	.2200	12.98
1111	SODIUM CHLORIDE (GRANULA	74.00	.3900	28.86
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
481	WEEK-END SURCHARGE	1.00	.00	.00
495	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495	CASING FOOTAGE	64.00	.00	.00
503	MIN. BULK DELIVERY	.50	368.00	184.00

Parts: 524.84 Freight: .00 Tax: 38.32 AR 1752.16
 Labor: .00 Misc: .00 Total: 1752.16
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

260170

TICKET NUMBER 42038

LOCATION Ottawa, KS

FOREMAN Casey 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
6/29/13	3244	Baldwin West # A-9	SE 2	15	20	DG

CUSTOMER <u>Altavista Energy</u>		
MAILING ADDRESS <u>PO Box 128</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken		
485	Har Bec		
503	Dan Det		
370	KeiCar		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>9 1/2"</u>	HOLE DEPTH <u>65'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>64'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>10'</u>
DISPLACEMENT <u>2.25 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 50/50 Permox cement w/ 2% gel, 5% salt, & 5# Kalseal per sk, cement to surface, displaced cement w/ 2.25 bbls fresh water, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		870.00
5406	on lease	MILEAGE		
5402	64'	casing footage		
5407	1/2 minimum	tan mileage		184.00
5502C	1.5 hrs	80 Vac		135.00
1124	35 sks	50/50 Permox cement		402.50
118B	59 #	Premium Gel		12.98
1111	74 #	Salt		28.86
1110A	175 #	Kalseal		80.50
		Sub total		1713.84
5408	20%	weekend surcharge from Tue - Fri		342.77
		<input checked="" type="checkbox"/> Completed		
		7.37%	SALES TAX	38.32
			ESTIMATED TOTAL	1752.16

Ravin 3737

AUTHORIZATION Doug was there

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.



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 # 260208

Invoice Date: 07/09/2013 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

BALDWIN WEST A-9
42108
2-15-20
07-01-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	319.00	.2200	70.18
1111	SODIUM CHLORIDE (GRANULA	251.00	.3900	97.89
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495 CASING FOOTAGE	949.00	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00

=====
Parts: 2015.20 Freight: .00 Tax: 144.09 AR 3897.29
Labor: .00 Misc: .00 Total: 3897.29
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

260208

TICKET NUMBER 42108

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
7.1.13	3244	Baldwin West A-9	SE 2	15	20	DG

CUSTOMER
Altavista Energy Inc

MAILING ADDRESS
P.O. Box 128

CITY Wellsville STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
370	Kel Car		
548	Wil Mat		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 949 DRILL PIPE Baffle in TUBING @ 917 OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug

DISPLACEMENT 5.33 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew Meeting. Establish pump rate. Mix 1/2 Gal HE 100 Polymer
Circulate well to condition hole. Mix Pump 100# Gel Flush.
Mix + Pump 130 sks 50/50 Per Mix Cement. 200 Gal 5% Salt 5#
Kal Seal/sk. Cement to surface. Flush pump & lines clean
Displace 2 1/2" Rubber plug to Baffle. Pressure to 800# PSI.
Release pressure to set float valve shot in casing.

T&S Drilling - well

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	25 mi	MILEAGE	495	105 ⁰⁰
5402	949	Casing footage		N/C
5407	Minimum	Ten Miles		368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1184	130 sks	50/50 Per Mix Cement		1495 ⁰⁰
1118B	319#	Premium Gel		70 ¹⁵
1111	251#	Granulated Salt		97 ⁵⁹
1110A	650#	Kal Seal		279 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
1401	1/2 Gal	HE-100 Polymer		23 ⁶⁵
			7.15%	SALES TAX
				ESTIMATED TOTAL
				144.09
				3897 ²⁹

SCANNED completed

Ravin 3737

AUTHORIZATION Byron Miller 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