



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



1157785

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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<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> _____ _____
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Douglas County, KS  
 Well: Baldwin Unit A-23  
 Lease Owner: AltaVista

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

Commenced Spudding:  
 6/14/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
1	Lime	21
9	Shale	30
2	Lime	32
140	Shale	172
5	Lime	177
3	Shale	180
3	Lime	183
2	Shale	185
14	Lime	199
8	Shale	207
7	Lime	214
5	Shale	219
26	Lime	245
23	Shale	268
18	Lime	286
18	Sandy Shale	304
56	Shale	360
, 22	Lime	382
17	Shale	399
7	Lime	406
15	Shale	421
9	Sand	430
20	Lime	450
16	Shale	466
24	Lime	490
6	Shale	496
23	Lime	519
5	Shale	524
4	Lime	528
3	Shale	531
7	Lime	538
170	Shale	708
7	Lime	715
6	Shale	721
3	Lime	724
8	Shale	732
3	Lime	735
19	Shale	754
4	Lime	758



# 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-23

Farm Baldwin Unit

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
0-20	soil-clay	20	
1	Lime	21	
9	Shale	30	
2	Lime	32	
140	Shale	172	
5	Lime	177	
3	Shale	180	
3	Lime	183	
2	Shale	185	
14	Lime	199	
8	Shale	207	
7	Lime	214	
5	Shale	219	
26	Lime	245	
23	Shale	268	shells
18	Lime	286	
18	sandy shale	304	
56	Shale	360	some sand - no oil
22	Lime	382	
17	Shale	399	
7	Lime	406	
15	Shale	421	
9	sand	430	no oil
20	Lime	450	
16	Shale	466	
24	Lime	490	
6	Shale	496	

496

Thickness of Strata	Formation	Total Depth	Remarks
23	Lime	519	
5	Shale	524	
4	Lime	528	
3	Shale	531	
7	Lime	538	
170	Shale	708	Hertha
7	Lime	715	544-554 some sand - no oil
6	Shale	721	
3	Lime	724	
8	Shale	732	
3	Lime	735	
19	Shale	754	
4	Lime	758	
42	Shale	800	
1	Lime	801	
3	Shale	804	
1	Lime	805	
5	Shale	810	
2	sandy shale	812	
2	sand	814	no oil
7	sand	821	broken 10% oil
2	sand	823	no oil
35	sand	858	broken good shows 50-60%
14	sand	872	dead oil
2	sandy lime	874	no oil
86	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 # 259680

Invoice Date: 06/17/2013 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

UNIT  
BALDWIN WEST AD-23  
42022  
1-15-20  
06-15-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	11.5000	1322.50
1118B	PREMIUM GEL / BENTONITE	293.00	.2200	64.46
1111	SODIUM CHLORIDE (GRANULA	222.00	.3900	86.58
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
370 WEEK-END SURCHARGE	.00	.00	.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT, MILEAGE (ONE WAY)	20.00	4.20	84.00
666 CASING FOOTAGE	936.00	.00	.00

Parts: 1791.17 Freight: .00 Tax: 130.76 AR 3638.93  
Labor: .00 Misc: .00 Total: 3638.93  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

259680

TICKET NUMBER 42022  
LOCATION Ottawa  
FOREMAN Alan 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
6-15-13	3244	Baldwin Unit AD-23 SW1		15	20	06
CUSTOMER <u>Altavista Energy</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66292</u>			

  

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad		
666	Gar Moo		
370	Kei Car		
558	Wil Mat		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 1/8  
 CASING DEPTH 936 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 966 baffle  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hooked to casing. Established rate. Mixed & pumped 1/2 gal polymer to condition hole followed by 100# gel. Mixed & pumped 115 sk 50150 cement plus 2 1/2 gal gel, 570 salt & 5# Kol seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle well held 800 PSI. Set float. Closed valve.

TDS, Wcs

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1085.00
5406	20	MILEAGE	666	84.00
5402	936	casing footage	666	-
5407	mj 1	ton miles	558	368.00
5502C	2	80 val	370	180.00
1124	115	50150 cement		1322.50
1118B	293	gel		64.46
1111	222	salt		86.58
1112A	575	Kol seal		264.50
1401	1/2	polymer		23.63
1402	1	2 1/2 plug		29.50
5408	1	TAX weekend surcharge		130.75

**Completed**

Ravin 3737  
 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 SALES TAX \_\_\_\_\_  
 ESTIMATED TOTAL 3638.93

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.