



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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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DRILL LOG

Operator License # 34350 API # 15-045-21977-00-00
 Operator Altavista Energy, Inc. Lease Name Baldwin Unit
 Address P. O. Box 128 Well # A-25
Wellsville, KS 66092
 Contractor JTC Oil, Inc. Spud Date 6/20/13 Cement _____
 Contractor License 32834 Location _____ of _____
 T.D. 978 T.D. of Pipe 939 _____ feet from _____
 Surf. Pipe Size 7" Depth 40' _____ feet from _____
 Kind of Well Production County Douglas

Thickness	Strata	From	To	Thickness	Strata	From	To
19	Clay Dirt	0	19	8	Lime	217	225
3	Lime	19	22	7	Shale	225	232
3	Dirt	22	25	25	Lime	232	257
5	Lime	25	30	23	Shale	257	280
13	Shale	30	43	19	Lime	280	299
3	Lime	43	46	71	Shale	299	370
137	Shale	46	183	24	Lime	370	394
5	Lime	183	188	17	Shale	394	411
7	Shale	188	195	7	Lime	411	418
15	Lime	195	210	22	Shale	418	440
7	Shale	210	217	20	Lime	440	460

5	Shale	460	465
1	Lime	465	466
11	Shale	466	477
8	Lime	477	485
1	Shale	485	486
19	Lime	486	505
7	Shale	505	512
24	Lime	512	536
5	Shale	536	541
3	Lime	541	544
4	Shale	544	548
6	Lime	548	554
156	Shale	554	710
25	Mix	710	735
9	Lime	735	744
5	Shale	744	749
6	Lime Mix	749	755
31	Shale	755	786
6	Lime	786	792
3	Shale Mix	792	795
25	Lime	795	820
15	Shale	820	835
25	Shale/Lime Mix	835	860
16	Sand	860	876

2	Oil	876	878	Ok
15	Ok	878	893	
17	Little	893	910	
68	Shale Mix	910	978	

DRILL LOG

Operator License# _____

API _____

Operator _____

Lease Name Dalwin unit

Address _____

Well # A 25

Contractor JTC Oil, Inc.

Spud Date 6/20/13 Cement _____

Contractor License 32834

Location _____ of _____

T.D. 978 T.D. of Pipe 939 1/2

_____ feet from _____

Surf. Pipe Size 2 Depth 40

_____ feet from _____

Kind of Well _____

5 st

County _____

Thickness	Strata	From	To	Thickness	Strata	From	To
19	Clay D.it	0	19	8	line	217	229
3	line	19	22	8	shale	229	232
3	O.it	22	25	29	line	232	257
5	line	25	30	27	shale	257	280
13	shale	30	43	19	line	280	299
3	line	43	46	71	shale	299	370
13	shale	46	183	24	line	370	394
5	line	183	188	17	shale	394	411
7	shale	188	195	7	line	411	418
15	line	195	210	22	shale	418	440
7	shale	210	217	28	line	440	460

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Shale	460	465	3	Shale	792	795
1	lim	465	466	25	lim	795	820
11	Shale	466	477	15	Shale	820	835
8	lim	477	485	25	Shale	835	860
	Shale	485	496	16	Sand	860	876
19	lim	486	505		Shale		
7	Shale	505	512	2	ok	876	878
24	32 lim	512	536	15	ok	878	893
5	Shale	532	541	17	ittle	893	910
3	lim	541	544	66	Shale mix	910	978
	4 shale	544	548				
	6 lim	548	554				
154	Shale	554	710				
29	mix	710	735				
9	lim	735	744				
9	Shale	744	749				
6	lim	749	755				
31	Shale	755	786				
6	lim	786	792				

270
554
74

7

173
850 Seat nipple
951 joint below



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 # 259881

Invoice Date: 06/25/2013 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-25
42055
1-15-20
06-22-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	147.00	11.5000	1690.50
1118B	PREMIUM GEL / BENTONITE	347.00	.2200	76.34
1111	SODIUM CHLORIDE (GRANULA	284.00	.3900	110.76
1110A	KOL SEAL (50# BAG)	735.00	.4600	338.10
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
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	940.00	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
712 WEEK-END SURCHARGE	1.00	.00	.00

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Parts: 2268.83 Freight: .00 Tax: 165.63 AR 4067.46
Labor: .00 Misc: .00 Total: 4067.46
Sublt: .00 Supplies: .00 Change: .00
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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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

259881

TICKET NUMBER 42055
LOCATION Ottawa KS
FOREMAN Fred 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
6.22.13	3244	Baldwin Unit # A-25	SW 1	15	20	OG

CUSTOMER		TRUCK #		DRIVER	
Alta Vista Energy Inc		712	Fred Mad		
MAILING ADDRESS		495	Kel Bac		
P.O. Box 128		675	Kel Det		
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	
Wellsville	KS	66092	548	Wil Mat	

JOB TYPE Longstring HOLE SIZE 6 HOLE DEPTH 978 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 940 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 5.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 Bpm

REMARKS: Holderew Meeting. load casing + hole - Circulate from pit.
Switch to clean water. Pump 1/2 Gal FE-100 Polymer. Mix +
Pump 100# Gal Flush. Mix + Pump 142 sils 50/50 Por Mix
Cement 2% Gal 5% Salt 5# Kol Seal/sk. Cement to surface.
Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing
TD. Pressure to 800# PSI. Release pressure to set float
Value shut in casing.

JTC Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1080 ⁰⁰
5406	—	MILEAGE		N/C
5402	940'	Casing footage		N/C
5407	Minimum	100 Miles	548	368 ⁰⁰
5502C	2 hr	80 BBL Vac Truck	675	180 ⁰⁰
5408	1	Weekend Surcharge	NC	@ 21% JTC 819 ³⁸
8124	147 sils	50/50 Por Mix Cement		1690 ⁵⁰
1118B	347#	Premium Gd		7634
1111	284#	Granulated Salt		11076
1110A	735#	Kol Seal		33810
4402	1	2 1/2" Rubber Plug		2950
1401	1/2 Gal	FE-100 Polymer.		2363

completed

Ravin 3737 7.3% SALES TAX 165.63
ESTIMATED TOTAL 4067.46

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.