



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



1157793

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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<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-26  
 Lease Owner: AltaVista

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

Commenced Spudding:  
 6/19/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-11	Soil-Clay	11
5	Sand and Gravel	16
5	Shale	21
2	Lime	23
7	Shale	30
4	Lime	34
140	Shale	174
5	Lime	179
2	Shale	181
3	Lime	184
2	Shale	186
15	Lime	201
8	Shale	209
7	Lime	216
7	Shale	223
26	Lime	249
22	Shale	271
17	Lime	288
18	Sand and Sandy Shale	306
56	Shale	362
22	Lime	384
18	Shale	402
7	Lime	409
15	Shale	424
8	Sand	432
17	Lime	449
18	Shale	467
23	Lime	490
8	Shale	498
24	Lime	522
4	Shale	526
4	Lime	530
4	Shale	534
6	Lime	540
169	Shale	709
6	Lime	715
6	Shale	721
4	Lime	725
6	Shale	731
4	Lime	735



# 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 x PSI x .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  $SPM \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

\* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

# Log Book

Well No. A-26

Farm Baldwin Unit

KS Douglas  
(State) (County)

1 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



Thickness of Strata	Formation	Total Depth	Remarks
0-11	Soil - clay	11	
5	sand & gravel	16	water
5	shale	21	
2	Lime	23	
7	shale	30	
4	Lime	34	
140	shale	174	
5	Lime	179	
2	shale	181	
3	Lime	184	
2	shale	186	
15	Lime	201	
8	shale	209	
7	Lime	216	
7	shale	223	
26	Lime	249	shells
22	shale	271	
17	Lime	288	
18	sand & sandy shale	306	no oil
56	shale	362	
22	Lime	384	
18	shale	402	
7	Lime	409	
15	shale	424	
8	sand	432	no oil
17	Lime	449	
18	shale	467	

467

Thickness of Strata	Formation	Total Depth	Remarks
23	Lime	490	
8	shale	498	
24	Lime	522	
4	shale	526	
4	Lime	530	
4	Shale	534	
6	Lime	540	
169	Shale	709	Hertha
6	Lime	715	
6	shale	721	
4	Lime	725	
6	shale	731	
4	Lime	735	
19	Shale	754	
3	Lime	757	
46	shale	803	
2	Lime	805	
4	shale	809	
8	sandy shale	817	no oil
9	sand	826	broken brown sand odor
2	sand	828	broken 50% good oil
4	sand	832	solid oil
4	sandy lime	836	no oil
24	sand	860	solid oil good show
80	shale	940	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 # 259827  
 =====  
 Invoice Date: 06/24/2013    Terms: 0/0/30,n/30 Page 1  
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ALTAVISTA ENERGY INC  
4595 K-33 HIGHWAY  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

BALDWIN WEST A-26  
42047  
1-15-20  
06-20-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	110.00	11.5000	1265.00
1118B	PREMIUM GEL / BENTONITE	285.00	.2200	62.70
1111	SODIUM CHLORIDE (GRANULA	213.00	.3900	83.07
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
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
369 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	918.00	.00	.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00

=====  
 Parts: 1716.90 Freight: .00 Tax: 125.34 AR 3580.24  
 Labor: .00 Misc: .00 Total: 3580.24  
 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

259827

TICKET NUMBER 42047  
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
6-20-13	3244	Baldwin Unit # A-26	1	15	20	DG
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			510			
KS			Set Tuc			
66092						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 8550 DRILL PIPE Baffle TUBING @ 9 5/8 886 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 9.18 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2 Plug +  
 DISPLACEMENT 515 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Hold crew meeting. Establish pump rate Pump 1/2 Gal HE-100 Polymer. Circulate to condition hole. Mix + Pump 100# Gal Flush. Mix + Pump 110 sks 50/50 Poz Mix Cement 270 Gal 5% Salt 5# Kol 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. Shut in casing.

T.O.S. Wesley Dallard

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	25 mi	MILEAGE	495	105 <sup>00</sup>
5402	918	Casing Footage		N/C
5407	Minimum	Tax Miles	510	368 <sup>00</sup>
5502c	2 hrs	80 ABL Vac Truck	369	180 <sup>00</sup>
1124	110 SKS	50/50 Poz Mix Cement		1265 <sup>00</sup>
1118B	285 #	Premium Gel		62 <sup>20</sup>
1111	213 #	Granulated Salt		83 <sup>07</sup>
1110A	550 #	Kol Seal		253 <sup>00</sup>
4402	1	2 1/2 Rubber Plug		29 <sup>00</sup>
1401	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
			7.3%	SALES TAX
				ESTIMATED
				TOTAL
				125 <sup>34</sup>
				3580 <sup>24</sup>



**Completed**

Ravin 3737

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.