



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



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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Douglas County, KS  
Well: Baldwin Unit A-33  
Lease Owner: AltaVista

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

Commenced Spudding:  
7/2/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-8	Soil-Clay	8
26	Sandy Clay	34
3	Sandy Lime	37
9	Shale	46
25	Lime	48
139	Shale	187
5	Lime	192
7	Shale	199
14	Lime	213
8	Shale	221
7	Lime	228
7	Shale	235
21	Lime	256
9	Sandy Shale	265
19	Sand	284
18	Lime	302
14	Sandy Shale	316
58	Shale	374
23	Lime	397
17	Shale	414
8	Lime	422
14	Shale	436
8	Sand	444
21	Lime	465
16	Shale	481
25	Lime	506
6	Shale	512
24	Lime	536
4	Shale	540
4	Lime	544
4	Shale	548
6	Lime	554
467	Shale	721
5	Lime	726
7	Shale	733
3	Lime	736
8	Shale	744
5	Lime	749
17	Shale	766
4	Lime	770



# 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  $SPM \times D$

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-33

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

Baldwin Unit Farm: Douglas County

KS State; Well No. A-33

Elevation 1074

Commenced Spuding July 2 2013

Finished Drilling July 3 2013

Driller's Name Wesley Dillard

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  
1 15 20

(Section) S (Township) \_\_\_\_\_ (Range) 1320 ft.

Distance from E line, 5115 ft.

8 sacks  
9 hrs

**CASING AND TUBING RECORD**

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_  
7 5/8" Set 411 6 1/4" Pulled \_\_\_\_\_  
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

Brooke 1.30 surface  
Brooke 3.00 Longstring

**CASING AND TUBING MEASUREMENTS**

Feet	In.	Feet	In.	Feet	In.
845.	90	Seat	nipple		
908.	15	Baffle			
939.	45	float			
					2 7/8

Thickness of Strata	Formation	Total Depth	Remarks
0-8	soil-clay	8	
26	sandy clay	34	
3	sandy lime	37	20-30 water
9	shale	46	
2	lime	48	
139	shale	187	
5	lime	192	
7	shale	199	
14	lime	213	
8	shale	221	
7	lime	228	
7	shale	235	
21	lime	256	
9	sandy shale	265	shells
19	sand	284	
18	lime	302	no oil
14	sandy shale	316	
58	shale	374	
23	lime	397	
17	shale	414	
8	lime	422	
14	shale	436	
8	sand	444	no oil
21	lime	465	
16	shale	481	
25	lime	506	
6	shale	512	

512

Thickness of Strata	Formation	Total Depth	Remarks
24	Lime	536	
4	Shale	540	
4	Lime	544	
4	Shale	548	
6	Lime	554	Heitha
167	Shale	721	
5	Lime	726	
7	Shale	733	
3	Lime	736	
8	Shale	744	
5	Lime	749	
17	Shale	766	
4	Lime	770	
48	Shale	818	
7	sandy shale	825	
23	sand	848	broken - brown - no Oil
6	sand	854	mostly solid
10	sand	864	solid - good show
2	sand	866	broken 50% Oil
4	sand	870	solid - good saturation
90	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 # 260221

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

UNIT  
BALDWIN WEST A-33  
42116  
1-15-20  
07-03-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	116.00	11.5000	1334.00
1118B	PREMIUM GEL / BENTONITE	295.00	.2200	64.90
1111	SODIUM CHLORIDE (GRANULA	224.00	.3900	87.36
1110A	KOL SEAL (50# BAG)	580.00	.4600	266.80
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	939.00	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 1806.19 Freight: .00 Tax: 129.15 AR 3673.34  
Labor: .00 Misc: .00 Total: 3673.34  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

260221

TICKET NUMBER 42116

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
7-3-13	3244	Baldwin Unit # A-33	SW 1	15	20	DG

CUSTOMER  
Altavista Energy Inc  
MAILING ADDRESS  
P. O. Box 128  
CITY  
Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
369	Dor Mas		
548	Kei Det		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 939' DRILL PIPE Baffle in TUBING @ 908' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31' x PLY  
DISPLACEMENT 5.27 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew meeting. Pump 1/2 Gal HE-100 Polymer. Circulate well to condition hole. Mix & Pump 100# Gel Flush. Mix & Pump 116 sks 50/50 Por Mix Cement 2% Gel 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.

TDS Drilling

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	939'	Casing footage		<del>4695<sup>00</sup></del>
5407	Minimum	Ten Miles	548	NIC
5502C	2 hrs	80 BBL Vac Truck	369	368 <sup>00</sup>
				180 <sup>00</sup>
1124	116 sks	50/50 Por Mix Cement		1334 <sup>00</sup>
118B	295#	Premium Gel		64 <sup>90</sup>
118	224#	Granulated Salt.		87 <sup>36</sup>
110A	580#	Kol Seal		266 <sup>80</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
1401	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
				23 <sup>63</sup>
		7.15%	SALES TAX	129 <sup>15</sup>
				ESTIMATED TOTAL
				3673 <sup>04</sup>

Ravin 3737

AUTHORIZATION

Bryan Willey

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.