



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
_____ 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS  
 Well: Neumer AI-4  
 Lease Owner: AltaVista

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

Commenced Spudding:  
 8/20/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-9	Soil-Clay	9
56	Sandstone	65
15	Lime	80
76	Shale	156
4	Lime	160
5	Shale	165
16	Lime	181
8	Shale	189
7	Lime	196
4	Shale	200
18	Lime	218
7	Shale	225
28	Sand	253
18	Lime	271
20	Sandy Shale	291
55	Shale	346
22	Lime	368
17	Shale	385
7	Lime	392
18	Shale	410
7	Sand	417
14	Lime	431
6	Shale	437
1	Lime	438
13	Shale	451
24	Lime	475
7	Shale	482
24	Lime	506
4	Shale	510
4	Lime	514
5	Shale	519
5	Lime	524
7	Shale	531
10	Sand	541
27	Shale	568
62	Sand	630
28	Shale	658
18	Sand	676
62	Shale	738
4	Lime	742



# 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. AI-4

Farm Neumer

KS Douglas  
(State) (County)

14 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
0-9	soft clay	9	
56	Sandstone	65	water 20'
15	Lime	80	
76	Shale	156	
4	Lime	160	
5	Shale	165	
16	Lime	181	
8	Shale	189	
7	Lime	196	
4	Shale	200	
18	Lime	218	
7	Shale	225	
28	sand	253	no oil
18	Lime	271	
20	sandy shale	291	some sand - no oil
55	Shale	346	
22	Lime	368	
17	Shale	385	
7	Lime	392	
18	Shale	410	
7	sand	417	414-417 slight show
14	Lime	431	
6	Shale	437	
1	Lime	438	
13	Shale	451	
24	Lime	475	
7	Shale	482	

482

Thickness of Strata	Formation	Total Depth	Remarks
24	Lime	506	
4	shale	510	
4	Lime	514	
5	shale	519	
5	Lime	524	
7	shale	531	Hertha
10	sand	541	
27	shale	568	no Oil
62	sand	630	
28	shale	658	no Oil
18	sand	676	
62	shale	738	no Oil
4	Lime	742	
4	shale	746	
3	Lime	749	
6	shale	755	
12	sandy Lime	767	
16	shale	783	
1	Lime	784	
3	shale	787	
1	sandy shale	788	no Oil
1	sand	789	broken - Oil
8	sand	797	mostly solid
7	sand	804	broken - Oil
1	sand	805	no Oil
95	sandy shale	900	TD

good show  
Perf 788-798





**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 # 261590

Invoice Date: 08/23/2013 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

NEVMER AI-4  
42316  
NW 14-15-20  
08-20-2013  
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	71.00	.3900	27.69
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Description	Hours	Unit Price	Total
503 MIN. BULK DELIVERY	.50	368.00	184.00
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	68.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00

Parts: 523.67 Freight: .00 Tax: 37.45 AR 1705.12  
Labor: .00 Misc: .00 Total: 1705.12  
Sublt: .00 Supplies: .00 Change: .00

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





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Fax 620/431-0012

INVOICE

Invoice # 261640

Invoice Date: 08/23/2013 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

NEVMER AI-4  
42379  
NE 14-15-20  
08-21-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	114.00	11.5000	1311.00
1118B	PREMIUM GEL / BENTONITE	292.00	.2200	64.24
1111	SODIUM CHLORIDE (GRANULA	220.00	.3900	85.80
1110A	KOL SEAL (50# BAG)	570.00	.4600	262.20
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495 CASING FOOTAGE	879.00	.00	.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00

=====  
Parts: 1752.74 Freight: .00 Tax: 125.32 AR 3706.06  
Labor: .00 Misc: .00 Total: 3706.06  
Sublt: .00 Supplies: .00 Change: .00  
=====

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



ASING MECHANICAL INTEGRITY TEST

DOCKET # \_\_\_\_\_

Disposal  Enhanced Recovery:

SW NE SW NE, Sec 14, T 15 S, R 20 EW

NW-NP

Repressuring   
Flood   
Tertiary

3465 Feet from South Section Line  
1815 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 045 - 22, 014

Lease Neumer Well # AI-4  
County Douglas

Operator: Altavista Energy Inc.  
Name & Address P.O. Box 128  
Wellsville KS 66092

Operator License # 34350  
Contact Person Doug Evans  
Phone 785-883-4057

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;		Injection above production _____		Injection below production _____	
Conductor	Surface	Production	Liner	Size	Tubing
Size _____	<u>7"</u>	<u>278</u>	_____	Size _____	_____
Set at _____	<u>68'</u>	<u>879.35</u>	_____	Set at _____	_____
Cement Top _____	<u>Circ</u>	<u>Circ</u>	_____	Type _____	_____
" Bottom _____	<u>68'</u>	<u>879.35</u>	_____	_____	_____
DV/Perf. _____	_____	TD (and plug back) _____	_____	<u>900</u>	ft. depth
Packer type _____	_____	Size _____	_____	Set at _____	_____
Zone of injection _____	ft. to ft. _____	_____	_____	Perf. or open hole _____	_____

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F I E L D D A T A	Time: Start	Min.	Min.	Min.	Set up 1	System Pres. during test
	<u>10</u>	<u>20</u>	<u>30</u>	_____	_____	_____
	<u>12:30</u>	_____	_____	_____	Set up 2	Annular Pres. during test _____
	<u>1:00</u>	_____	_____	_____	Set up 3	Fluid loss during test _____ bbls.

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Pressure Test (rubber plug)

Test Date 8/27/2013 Using Midwest Surveys Company's Equipment

The operator hereby certifies that the zone between 0 feet and 879.35 feet

was the zone tested David Nelson Signature Contractor Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

State Agent Taylor C. Herman Title Permit Witness: Yes \_\_\_\_\_ No

REMARKS: Pressured well up to 725'

Origin. Conservation Div.;  KDHE/T;  Dist. Office;

Computer Update

SEP 12 2013

KCC Form U-7 6/84