



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Neumer AI-9
Lease Owner: Altavista

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

Commenced Spudding:
8-14-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-5	soil-clay	5
66	sandstone	71
94	shale	165
5	lime	170
7	shale	177
14	lime	191
8	shale	199
7	lime	206
4	shale	240
19	lime	229
5	shale	234
29	sandstone	263
17	lime	280
20	sandy shale	300
56	shale	326
22	lime	378
18	shale	396
7	lime	403
17	shale	420
8	sand	428
14	lime	442
5	shale	447
1	lime	448
14	shale	462
23	lime	485
9	shale	494
23	lime	517
4	shale	521
4	lime	525
4	shale	529
6	lime	535
14	shale	549
11	sand	560
20	shale	580
60	sand	640
30	shale	670
18	sand	688
64	shale	752
4	lime	756
5	shale	761

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. AI-9

Farm Neumer

KS Dodge
(State) (County)

14 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
0-5	Soil-clay	5	
66	sandstone	71	water 40'
94	shale	165	
5	Lime	170	
7	shale	177	
14	Lime	191	
8	shale	199	
7	Lime	206	
4	shale	210	
19	Lime	229	
5	shale	234	
29	sand	263	no Oil
17	Lime	280	
20	sandy shale	300	
56	shale	356	
22	Lime	378	
18	shale	396	
7	Lime	403	
17	shale	420	
8	sand	428	no Oil
14	Lime	442	
5	shale	447	
1	Lime	448	
14	shale	462	
23	Lime	485	
9	shale	494	
23	Lime	517	

517

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	521	
4	Lime	525	
4	Shale	529	
6	Lime	535	Heitha
14	Shale	549	
11	Sand	560	no Oil
20	Shale	580	
60	Sand	640	no Oil
30	Shale	670	
18	Sand	688	no Oil
64	Shale	752	
4	Lime	756	
5	Shale	761	
15	sandy Lime	776	
14	Shale	790	
1	Lime	791	
3	Shale	794	
2	Lime	796	
3	Shale	799	
1	sand	800	no Oil
3	sand	803	mostly solid
9	broken sand	812	Oil
1	sand & Lime	813	broken - Oil
5	sandy shale	818	
82	shale	900	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 # 261392

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-9
42307
NW14-15-20
08-14-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1111	SODIUM CHLORIDE (GRANULA	81.00	.3900	31.59
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
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	92.00	.00	.00

Parts: 598.33 Freight: .00 Tax: 42.78 AR 1830.11
Labor: .00 Misc: .00 Total: 1830.11
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



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 # 261442

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 A-I-9
42343
NW14-15-20
08-15-2013
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	223.00	.3900	86.97
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
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
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495 CASING FOOTAGE	890.00	.00	.00
558 MIN. BULK DELIVERY	.50	368.00	184.00

Parts: 1791.56 Freight: .00 Tax: 128.10 AR 3428.66
Labor: .00 Misc: .00 Total: 3428.66
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 INIEGRITY TEST

DOCKET # _____

Disposal Enhanced Recovery:

SW NW SWSE, Sec 14, T 15 S, R 20 EW

NW-NP
 Repressuring
 Flood
 Tertiary

3465 Feet from South Section Line
2475 Feet from East Section Line

Date injection started _____
 API #15 - 045 - 22,035

Lease Neumer Well # AF-9
 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;
 If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Size	Tubing
_____	<u>7'</u>	<u>278</u>	_____	_____	_____
Set at _____	<u>91'</u>	<u>889.10</u>	_____	Set at _____	_____
Cement Top _____	<u>Circ</u>	<u>Circ</u>	_____	Type _____	_____
" Bottom _____	<u>91'</u>	<u>889.10</u>	_____	_____	_____

DV/Perf. _____ TD (and plug back) _____ 900 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 Time: Start 10 Min. 20 Min. 30 Min.
 I 1:30
 E Pressures: 800 790 790 Set up 1 | System Pres. during test _____
 L 2:00 Set up 2 | Annular Pres. during test _____
 D _____ Set up 3 | Fluid loss during test _____ bbls.
 D _____
 A _____
 T _____
 A _____

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 889.10 feet

was the zone tested David Nelson Contractor
 Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Taylor C. Hermon Title Perit Witness: Yes _____ No
 REMARKS: Pressured well up to 800'

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update
 SEP 12 2013 KCC Form U-7 6/84