



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
_____ 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Douglas County, KS
Well: Neumer A-8
Lease Owner: Altavista

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

Commenced Spudding:
7-25-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-6	soil-clay	6
59	sandstone	65
91	shale	156
7	lime	163
2	shale	165
15	lime	180
8	shale	188
7	lime	195
5	shale	200
19	lime	219
16	shale	235
26	sand	261
11	lime	272
20	sandy shale	292
55	shale	347
21	lime	368
18	shale	386
8	lime	394
16	shale	410
7	sand	417
15	lime	432
6	shale	438
1	lime	439
13	shale	452
23	lime	475
9	shale	484
23	lime	507
4	shale	511
4	lime	515
3	shale	518
7	lime	525
6	shale	531
9	sand	540
28	shale	568
60	sand	628
32	shale	660
17	sand	677
3	sandy shale	680
76	shale	756
13	lime	769

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. A-8

Farm Neumer

KS Douglas
(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
0-6	Soil - clay	6	
59	sandstone	65	30' - water
91	shale	156	
7	Lime	163	
2	shale	165	
15	Lime	180	
8	shale	188	
7	Lime	195	
5	shale	200	
19	Lime	219	
16	shale	235	
26	sand	261	no oil
11	Lime	272	
20	sandy shale	292	
55	shale	347	
21	Lime	368	
18	shale	386	
8	Lime	394	
16	shale	410	
7	sand	417	slight show 414 - 417
15	Lime	432	
6	shale	438	
1	Lime	439	
13	shale	452	
23	Lime	475	458 - oil
9	shale	484	
23	Lime	507	

507

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	511	
4	Lime	515	
3	Shale	518	
7	Lime	525	Hertha
6	shale	531	
9	sand	540	no Oil
28	shale	568	
60	sand	628	some sandy shale - no Oil
32	shale	660	
17	sand	677	no Oil
3	sandy shale	680	
76	shale	756	
13	Lime	769	
20	shale	789	
2	sand	791	no Oil
2	sand	793	broken - 50% Oil
13	sand	806	solid - good saturation
2	sand	808	broken - 50% Oil
1	sand	809	solid - good saturation
1	sand	810	no Oil
1	sand	811	solid - brown - no Oil
1	sand & shale	812	no Oil
88	sandy 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 # 260993

Invoice Date: 07/29/2013 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 A-8
42278
14-15-20
07-26-2013
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	78.00	.3900	30.42
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	87.00	.00	.00
503 MIN. BULK DELIVERY	.50	368.00	184.00

Parts: 597.16 Freight: .00 Tax: 42.70 AR 1783.86
 Labor: .00 Misc: .00 Total: 1783.86
 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



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 # 261001

Invoice Date: 07/29/2013 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

NEUMAN A-8
42285
14-15-20
07-27-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	107.00	11.5000	1230.50
1118B	PREMIUM GEL / BENTONITE	280.00	.2200	61.60
1111	SODIUM CHLORIDE (GRANULA	207.00	.3900	80.73
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
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
368 CASING FOOTAGE	881.00	.00	.00
503 MIN. BULK DELIVERY	.50	368.00	184.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.00	90.00	90.00

Parts:	1678.96	Freight:	.00	Tax:	120.04	AR	3242.00
Labor:	.00	Misc:	.00	Total:	3242.00		
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



CONSOLIDATED
Oil Well Services, LLC

261001

TICKET NUMBER 42285

LOCATION Ottawa, KS

FOREMAN Jim Grech

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
07-22-13	3244	A-8# Neuman	14W 14	15	20	DG
CUSTOMER Altaivista Energy						
MAILING ADDRESS PO Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
TRUCK #	DRIVER	TRUCK #	DRIVER			
669	Jim Grech					
368	Art McP					
625	Kit Pat					
503	Dan Def					

JOB TYPE Long string HOLE SIZE 5 7/8" HOLE DEPTH 900' CASING SIZE & WEIGHT 2 1/2"
 CASING DEPTH 881' DRILL PIPE Buffk 852' TUBING Buffk 852' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Establish pump rate. Mix and pump 1/2 GAL HE 100 Polymer. Mix and pump 100' Gel to flush hole. Mix and pump 107 SIC 50% for mix cement with 5" K01-Seal 52.5 SALT. 22.6 gal. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" rubber plug to Baffle at 852'. Pressure up to 800" PSI. Well held good. Set flow. Close valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE Cement Pump		1085 ⁰⁰	
5406	20 20	MILEAGE Pump TK		84 ⁰⁰	
5402	.881'	Casing footage		NK	
5407	1/2 min	Ton Mileage		184 ⁰⁰	
5302C	1 HRS	UACTK		90 ⁰⁰	
1124	107 SIC	50% Poz Mix Cement		1230 ⁵⁰	
1118B	280 #	Premium Gel		61 ⁶⁰	
1111	207 #	Granulated Salt		80 ²³	
1110A	530 #	K01-Seal		253 ⁰⁰	
1402	1	2 1/2" Rubber Plug		29 ⁰⁰	
1401	.5 GAL	HE 100 Polymer		23.63	
				SALES TAX	120.04
				ESTIMATED TOTAL	3242.00

Completed

Ravin 3737

AUTHORIZATION Wesley Dollard 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.