



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: _____



1066494

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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VIVA INTERNATIONAL INC.

LOC. FSL 2475 FEL 4785
SEC 9 TWP 24 RG 16E

DATE 4-29-2011 LEASE Glades I WELL# V-10 API# 15-207-27682

Nat Drilling Co. Rigged up on location. Drilled surface casing hole.
Set 42 ft of 8 5/8" surface casing and cemented with 10 sk of portland cement.
Shut down until midnight

4-30-2011

Rig at 940' at 6 A.M. Drilled through Fort Scott lime 957 to 962.
Topped upper sand at 976 ft. Retained 2 ft samples from 976 to 988
Good looking section from 976' to 983'. Samples from 984 to 988
were laminated sand with lime and shale inclusions, but showed oil content
Cleaned hole up, drilled down to top of lower sand at 1020 ft.
Retained 2 ft samples from 1020 to 1034. Had decent looking section
from 1020' to 1030. Samples would bleed nicely to the pit.

1032 to 1034' were black shaly samples with little or no oil content.
Drilled well to T.D. at 1075 ft. Ran 1070 ft of 2 7/8" upset limited service
casing in well. Tagged bottom with casing survey Kelly.
Circulated hole clean. Rigged down moved off location

4-30-2011

Consolidated cement services set up on location. Hooked up
to casing, established circulation, mixed 2 sk of gel.
Circulated hole clean, cemented well full to surface. Ran
cement plug. Pumped plug to T.D. at 1070'. Set plug at 700 psi.
Checked for leak back on plug. Shut well in at surface.
Used app. 180 sk of 50-50 positive mix cement with 2% gel
Took down and moved off location. Tapped cement at surface
after well settled

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Glades #V-10
API # 15-207-27682-00-00
SPUD DATE 4-29-11

Footage	Formation	Thickness	Set 42' of 8 5/8" TD 1075' Ran 1070' of 2 7/8
2	Topsoil	2	
6	clay	4	
19	sandstone	13	
23	sand	4	
165	shale	142	
444	lime	279	
465	shale	21	
472	lime	7	
505	shale	33	
640	lime	135	
796	shale	156	
832	lime	36	
890	shale	58	
912	lime	22	
920	shale	8	
924	lime	4	
938	shale	14	
940	lime	2	
957	shale	17	
962	lime	5	
977	shale	15	
978	sandy shale	1	
988	sand	10	
1026	shale	38	
1034	sand	8	
1075	shale	41	



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 # 241036

Invoice Date: 04/30/2011 Terms: 0/0/30,n/30

Page 1

VIVA INTERNATIONAL INC.
ATTN: ROBERT
8357 MELROSE DRIVE
LENEXA KS 66214
(913) 859-0438

GLADES V-10
31902
SW 9-24-16 WO
04/30/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	152.00	10.4500	1588.40
1118B	PREMIUM GEL / BENTONITE	356.00	.2000	71.20
1107A	PHENOSEAL (M) 40# BAG)	76.00	1.2200	92.72
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
368 CASING FOOTAGE	1070.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 TON MILEAGE DELIVERY	359.48	1.26	452.94

Parts: 1780.32 Freight: .00 Tax: 129.96 AR 3783.22
 Labor: .00 Misc: .00 Total: 3783.22
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 31902
LOCATION Ottawa KS
FOREMAN Fred Madur

DATE	CUSTOMER #	WELL NAME & NUMBER	SEC
4/30/11	8507	Glades 1 # V-10	SW
CUSTOMER Viva International			
MAILING ADDRESS 8357 Melrose Dr			
CITY Lenexa		STATE KS	ZIP CODE 66214

ON	TOWNSHIP	RANGE	COUNTY
9	24	16	WO
TRUCK #	DRIVER	TRUCK #	DRIVER
5	Fred	Safety	Max
3	Ken	KH	
3	Natoli	HDB	
5	Tim	TBW	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1125
CASING DEPTH 10700 DRILL PIPE _____ TUBING _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____
DISPLACEMENT 6.22 DISPLACEMENT PSI _____ MIX PSI _____

CASING SIZE & WEIGHT 2 3/4" EUE
OTHER _____
CEMENT LEFT In CASING 2 1/2" Plug
RATE 4 BPM

REMARKS: Establish circulation. Mix + P
Flush. Mix + Pump 152 SKS 5
Gel. 1/2" PhenoSeal/ski Cement to
line clean. Displace 2 1/2" Rubber
6.22 BBS Fresh water. Pressure
pressure to set float valve. S

100# Premium Gel
150 Poz Mix Cement 270
Surface. Flush pump +
lug to casing TD w/
to 700# PSI. Release
it in casing

Nat Drilling

Fred Madur

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERV
5401	1	PUMP CHARGE
5406	56	MILEAGE
5402	1070	Casing footage
5407A	359.48	Ton Miles
55025	2 1/2 hrs	80 BBL Vac T
5408		Weekend Sur
1124	152 SKS	50/50 Poz Mix C.
1118B	356#	Premium Gel
1107A	76#	Pheno seal
4402	1	2 1/2" Rubber p
		<u>WOT 211036</u>

ES or PRODUCT	UNIT PRICE	TOTAL
		973.00
		220.00
		N/C
		452.84
		225.00
change	N/C 786.64	786.64
ment		1588.40
		71.20
		92.72
		28.00
		<u>Estimated Total</u> <u>3789.22</u>
7.3%	SALES TAX	129.96
	ESTIMATED TOTAL	<u>4589.66</u>

Ravin 3737

AUTHORIZATION Tim West TITLE _____

DATE 4/30/11

I acknowledge that the payment terms, unless specifically amended in my account records, at our office, and conditions of service on the back of

listing on the front of the form or in the customer's separate form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

0322

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 # 241441

Invoice Date: 05/19/2011 Terms: 0/0/30,n/30

Page 1

VIVA INTERNATIONAL INC.
ATTN: ROBERT
8357 MELROSE DRIVE
LENEXA KS 66214
(913) 859-0438

GLADES I V-10, V-11, V-12, V-13
V-14, V-17, V-15
44942
5-17-11
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	450.00	1.7000	765.00
1202	ACID INHIBITOR	4.00	46.0000	184.00
1219B	STIMOIL FBA	7.00	40.0000	280.00
1268	CITY WATER	16400.00	.0156	255.84
1268	CITY WATER	22250.00	.0156	347.10
1231	FRAC GEL	725.00	5.2000	3770.00
1215	KCL SUB MB6875 CC3107	42.00	36.5000	1533.00
1205A	BIOCIDE (AMA-35-D-P) (DR	21.00	30.0000	630.00
1208	BREAKER LEB4-ESA 14-GB10	1.75	187.0000	327.25
2101A	20-40 BROWN SAND	1250.00	.2600	325.00
2103	8-12 BROWN SAND	6000.00	.2800	1680.00
4326	7/8" RUBBER BALL SEALERS	76.00	3.0000	228.00
1278	30% HCL	700.00	3.5000	2450.00
2102	12/20 BROWN SAND	16550.00	.2700	4468.50

Description	Hours	Unit Price	Total
T-63 WATER TRANSPORT (FRAC)	8.00	112.00	896.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 BULK SAND DELIVERY	1.00	315.00	315.00
424 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
T-91 WATER TRANSPORT (FRAC)	7.00	112.00	784.00



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INVOICE

Invoice # 241441

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Invoice Date: 05/19/2011 Terms: 0/0/30,n/30 Page 2
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VIVA INTERNATIONAL INC.
ATTN: ROBERT
8357 MELROSE DRIVE
LENEXA KS 66214
(913) 859-0438

GLADES I V-10, V-11, V-12, V-13
V-14, V-17, V-15
44942
5-17-11
KS

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	7.00	100.00	700.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2730.00	2730.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2450.00	2450.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2450.00	2450.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2050.00	2050.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2050.00	2050.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2050.00	2050.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2050.00	2050.00
476 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
490 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
T-102 WATER TRANSPORT (FRAC)	7.00	112.00	784.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00

=====
Parts: 17243.69 Freight: .00 Tax: 60.66 AR 41063.35
Labor: .00 Misc: .00 Total: 41063.35
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 52380
FIELD TICKET REF # 44942
LOCATION Thayer
FOREMAN Brett Busby

1st well

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Glades 1 #V-10				WO
CUSTOMER			* Safety meeting attendees			
Mailing Address			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			476	Josh	488T102	Marvin
STATE			490	Donnie	490	Tim
ZIP CODE			478	Mark	452T63	Allen B
			582	Landon		
			424	Eric		
			453T91	Larry	LP 453	LP

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>- 1036</u>	<u>19 Squirrel</u>
	<u>10</u>

TYPE OF TREATMENT

Acid spot + Frac

CHEMICALS

KELSUB - Biocide - Breaker
Acid-inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21			1300	BREAKDOWN 1250
20-40		↓		150#		START PRESSURE
12-20				1350#		END PRESSURE
8-12		21		500#		BALL OFF PRESS
Ballsealers (12)		21-18				ROCK SALT PRESS
12-20		18			MAX	ISIP 500
12-20 + (5)		18-12			2400	5 MIN
12-20		12		1500#		10 MIN
8-12		12				15 MIN
8-12		12-16		500#		MIN RATE
FLUSH CASING	10	16				MAX RATE
Release balls to T.D.						DISPLACEMENT 6.0
overflush	10	21	TOTAL SAND	4,000#	1300	
TOTAL BBL'S	142					

REMARKS: * hold safety-ppo-procedure meeting *

spotted 75 gal. -15% HCl acid on perfs

w/100 gal. raw HCl acid off

location 9:45AM - 10:45AM 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 5-17-11

Terms and Conditions are printed on reverse side.