



KANSAS CORPORATION COMMISSION 1066511
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1066511

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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VIVA INTERNATIONAL INC.

LOC. FSL 2145 FEL 4785
SEC 9 TWP 27 RG 16E

DATE 4-21-11 LEASE Glades I WELL# Y-11 API# 15-207-21623

Flat drilling rigged up on location. Drilled surface hole and set 43 ft. of 8" surface casing. Cemented casing with 10 sacks of portland cement. Shut down until 4-28-11.

4-25-11 Drilled to 608' ~~608' surface casing~~

4-28-11 Drilled to 928'. Shut down.

4-29-11 Drilled down to top of upper sand at 976'.

Retained 2 ft. samples to 988'. Good sand and oil content to 984'.

Samples shaled up from 984' to 988'. Highly laminated but still showed some sand. Shaled out from 988' on.

Drilled down to lower sand. Hit 2nd cup rock at 1019'.

Retained 2 ft. samples from 1020' to 1034'. Got in to sand at 1021'.

Samples shaled out at 1032'. Decent looking samples with good odor and good oil show from 1021' to 1028'. Samples from 1028' to 1032' were black sand with small amount of oil content. Light odor.

Drilled well to T.D. at 1075 ft. Circulated hole clean. Pulled drill pipe and laid on trailer.

Ran 1070 ft. of 2" upper limited service casing in well.

Tagged bottom with casing on Kelly. Circulated hole clean. Bung casing on clamp. Ripped down. Moved rig to #V-10 location.

4-30-11

Consolidated set up on location. Hooked up to well, established circulation. Mixed 2 sk of gel in wash water, circulated hole clean.

Started cementing well. Pumped well full to surface with cement.

Ran cement plug and pumped plug to T.D. at 1070'.

Set plug at 800 psi, checked for leakage. Shut well in at surface.

Used app 180 sk of 50-50 positive mix cement with 2 7/8 gal

Mixed off location. Topped cement at surface after well settled.

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

Glades #V-11

API # 15-207-27683-00-00
SPUD DATE 4-21-11

Footage	Formation	Thickness	Set 43' of 8 5/8"
2	Topsoil	2	TD 1075'
12	clay	10	Ran 1070' of 2 7/8
21	sandstone	9	
29	sand	8	
163	shale	134	
212	lime	49	
222	shale	10	
440	lime	218	
459	shale	19	
466	lime	7	
499	shale	33	
634	lime	135	
795	shale	161	
829	lime	34	
878	shale	49	
906	lime	28	
918	shale	12	
922	lime	4	
938	shale	16	
940	lime	2	
955	shale	15	
961	lime	6	
976	shale	15	
984	sand	8	good odor & excellent bleed
1022	shale	38	
1032	sand	10	good odor & bleed
1075	shale	43	



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 # **241034**

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-11
31901
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)	.00	4.00	.00
368 CASING FOOTAGE	1070.00	.00	.00
368 WEEK-END SURCHARGE	.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
548 TON MILEAGE DELIVERY	359.48	1.26	452.94

=====
Parts: 1780.32 Freight: .00 Tax: 129.96 AR 3563.22
Labor: .00 Misc: .00 Total: 3563.22
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

API # 15-207-2768300-06

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 31901

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION
4/30/11	8507	Glade 1 #v-11	S
CUSTOMER		TOWNSHIP	
Viva International		24	
MAILING ADDRESS		RANGE	
8357 Melrose Dr		16	
CITY		COUNTY	
Lenexa		W0	
STATE	ZIP CODE		
KS	66214		

TICK #	DRIVER	TRUCK #	DRIVER
16	Fred	Safety	Wally
28	Ken	KH	
39	Harold	HDP	
48	Cecil	CHP	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1
 CASING DEPTH 1070' DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____
 DISPLACEMENT 6.22 DISPLACEMENT PSI _____ MIX PSI _____

CASING SIZE & WEIGHT 2 7/8" EUE
 OTHER _____
 CEMENT LEFT in CASING 2 1/2" Plug
 RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush
 Mix & Pump 152 SKS 50/50 Por v
 Pheno Seal/suck. Cement to surface. Flush pump & lines
 clean. Displace 2 1/2" Rubber Plug
 BBL Fresh Water. Pressure
 Pressure to set float valve.

100# Premium Gel Flush
 Mix Cement 2 7/8" Gel 1/2"
 to casing TD w/ 6.22
 @ 500 PSI. Release
 chutix casing

Hot Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICE or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	0.	MILEAGE Truck & lease		N/C
5402	1070	Casing Foot		N/C
5407A	359.48	Ton Miles		452.74
5502C	2 1/2 hrs	80 BBL Vac truck		225 ⁰⁰
5408		Weekend Surcharge		712⁰⁰
1124	152 SKS	50/50 Por Mix Cement		1588 ⁴⁰
118B	356*	Premium Gel		71 ²⁰
1107A	76*	Pheno Seal		92 ⁷²
4402	1	2 1/2" Rubber Pl		25 ⁰⁰
NO # 241034				

DESCRIPTION of SERVICE or PRODUCT	UNIT PRICE	TOTAL
SALES TAX	7.3%	129 ⁹⁶
ESTIMATED TOTAL		4276 ⁰⁰
		3563 ²²

Ravin 3737

AUTHORIZATION Tina West 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.



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

Page 2

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 _____

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

2nd well

TICKET NUMBER 52381
FIELD TICKET REF # 44992
LOCATION Thayer
FOREMAN Bret Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Glades I #V-11				WO

CUSTOMER Viva Int.		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	488T102	Marvin
490	Dannie	452T63	
478	Mark		
582	London		
424	Eric		
453T91	Larry		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <i>2 7/8 8EUC</i>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>= 1030</i>	<i>(19) Squirrel</i>
	<i>(15)</i>

TYPE OF TREATMENT
<i>Acid spot + frac w/acid OTF</i>

CHEMICALS
<i>KCL SUB - Biocide - Breaker</i>
<i>Acid - inhibitor - Stim Oil</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21			1500	BREAKDOWN 1700
20-40				150#	1300	START PRESSURE
12-20						END PRESSURE
12-20				1850#	1300	BALL OFF PRESS
8-12		21		500#		ROCK SALT PRESS
Ballsealers (15)		21-10			2900	ISIP 500
12-20		10				5 MIN
12-20		10				10 MIN
12-20		10-12		1500#		15 MIN
8-12		12		500#		MIN RATE
FLUSH CASING	10	12				MAX RATE
Release balls to T.D. X2					1700	DISPLACEMENT 6.0
OVER FLUSH	16	16	TOTAL SAND	4000#	1600	
TOTAL BBL'S	132					

REMARKS:
spotted 75 gal - 15% HCL acid on perfs
50 gal raw HCL acid OTF

Location 10:45AM - 11:30AM *50 miles*

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

Terms and Conditions are printed on reverse side.