



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: _____



1066552

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 Bbbs.	Gas Mcf	Water Bbbs.	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 1485

FEL 4785

SEC 9

TWP 24

RG 16-E

DATE 4-14-2011 LEASE GLADES I WELL# V-13

API# 207-27685-0000

Filled pits with water. Moved rig on location. Drilled surface hole, set 43 ft. of 8 5/8" surface casing. ~~Set~~ Cemented with 10 sacks of portland cement.

Shut down. 4-15-11 Started drilling at midnight. Rig at 715' at 7:45 AM.

Drilled through 5 ft. liner. Topped upper sand at 974'. Drilled and retained 2 ft. samples down to 987'. Had good show of bleeding sand down to 984'.

Resumed drilling. Drilled down to 1017, hit first limestone cap. Hit 2nd limestone cap at 1019. Stopped drilling at 1019', top of lower sand.

Ground conditions are too wet to put casing in, or cement well.

Will sample lower sand, run casing, and cement well on 4-18-11.

4-18-11 Started sampling lower section at 1021 ft.

Retained 2 ft. samples down to 1036 ft. Laminated sand from 1021 to 1031, then samples shaled out. Sand section didn't show much oil, or have much of an odor, but were black, and eventually gave up a little oil. Upper sand

looked much better in this well. Drilled well to TD at 1075 ft. Laid down drill pipe. Ran 1070' threads off 2 3/8" upset limited service casing. Topped bottom with Kelly and circulated hole clean. Moved rig to V-14 location.

4-18-11 Consolidated set up on well. Mixed 2 sx. gel, circulated hole clean. Cemented well to surface, set plug at 1000 psf.

Shut well in. Used app. 180 sacks of 50-50 port cement and 2% gel. Topped well off at surface after well settled.

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

Glades #V-13

API # 15-207-27685-00-00
SPUD DATE 4-13-11

Footage	Formation	Thickness	Set 40' of 8 5/8" TD 1075' Ran 1070' of 2 7/8
5	Topsoil	5	
19	clay	14	
26	sandstone	7	
167	shale	141	
440	lime	273	
456	shale	16	
466	lime	10	
499	shale	33	
571	lime	72	
587	shale	16	
599	lime	12	
604	shale	5	
613	lime	9	
621	shale	8	
630	lime	9	
792	shale	162	
794	lime	2	
816	shale	22	
827	lime	11	
886	shale	59	
888	lime	2	
892	shale	4	
905	lime	13	
910	shale	5	
911	lime	1	
916	shale	5	
920	lime	4	
936	shale	16	
947	lime	11	
954	shale	7	
960	lime	6	
974	shale	14	
984	sand	10	good odor + bleed
1018	shale	34	
1021	lime	3	
1033	sand	12	shaley, little odor
1075	shale	42	



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 # 240840

=====

Invoice Date: 04/27/2011 Terms: 0/0/30,n/30 Page 1

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

GLADES V-13
 31877
 SW 9-24-16 WO
 04/18/2011
 KS

=====

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	159.00	10.4500	1661.55
1118B	PREMIUM GEL / BENTONITE	367.00	.2000	73.40
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
495 CASING FOOTAGE	1070.00	.00	.00
T-106 WATER TRANSPORT	4.00	112.00	448.00
510 TON MILEAGE DELIVERY	376.04	1.26	473.81

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Parts:	1860.55	Freight:	.00	Tax:	135.81	AR	4113.17
Labor:	.00	Misc:	.00	Total:	4113.17		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

0322

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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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Oil Well Services, LLC

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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

4TH

TICKET NUMBER 52406
FIELD TICKET REF # 44942
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Stades I # V-13				WO
CUSTOMER		Viva Int.				
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	458T102	Marvin
490	Donnie / Tim		
478	Mark		
582	hendon		
424	Eric		
453T91	Larry		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEU</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
-	(19) Squirrel
-1032	(17)

TYPE OF TREATMENT

Acidspot + Frac w/acid OTF

CHEMICALS

KALS40-Biocide-Breaker
Acid-inhibitor-Slim oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21				BREAKDOWN 1700
20-40		21		150#		START PRESSURE
12-20		21				END PRESSURE
12-20		21		1550#		BALL OFF PRESS
8-12		21		500#		ROCK SALT PRESS
Ballsealers (15)		21-Ø				ISIP 550
12-20*Release balls*		21-Ø				5 MIN
12-20 + (1) + (1) balls		12				10 MIN
12-20		12		1800#		15 MIN
8-12		12-16		500#		MIN RATE
FLUSH CASING	10	16				MAX RATE
Release balls to T.D. x 2						DISPLACEMENT 6.0
overflow	12	16	TOTAL SAND	4,500#	2000	
TOTAL BBL'S	147					

REMARKS:

spotted 75 gal 13% HCL acid on perfs

100 gal raw HCL acid OTF

Location 12:30PM - 1:20PM 50 miles

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

Terms and Conditions are printed on reverse side.