



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: _____



1066586

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

VIVA INTERNATIONAL INC.

LOC. FSL 1155 FEL 4785
SEC 9 TWP 24 RG 16E

DATE 4-18-11 LEASE Glades I WELL# V-14 API# 15-207-27686

Hot drilling rigged up on location. Drilled surface hole to 41 ft. Set 44.90 of 8 5/8" surface casing, and cemented with 10 SX portland. em. Shut down til midnight.

4-19-11 Started drilling at midnight. Rig was at 900 ft. at 7 A.M. Hit 5 ft. lime at 953 to 958'. Drilled down to 974 ft. Tapped upper sand. Retained 2 ft. samples from 974' to 986'. Good looking sand section from 974' to 982'. Showing oil and good odor. Section shaled out 982-986.

Drilled down to 1020 ft. tapped lower sand. Retained 2 ft. samples from 1020 to 1032. Nice looking, bleeding sand from 1020 to 1025. Sample from 1028 to 1030 was laminated sandy shale, dark in color 1030 to 1032 was soft shale. Caught one more running sample from 1032 to 1035. It was all shale.

Drilled well to T.D. at 1075 ft. Laid drill pipe down. Ran 1070 ft. of 2 3/8" upset limited service casing in well. Tapped bottom with casing on Kelly. Circulated hole clean. Moved off location. Moved rig to #V-12 location.

Consolidated cement service set up on well. mixed 2 sacks of gel. circulated hole clean. Started cementing well. Cemented well full to surface, pumped cement plug down hole to T.D. Set plug at 1000 psi. Shut well in at surface. Moved off location. Used app 180 sacks of 50-50 port cement with 2% gel. Tapped well at surface after cement settled.

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

Glades #V-14

API # 15-207-27686-00-00
SPUD DATE 4-18-11

Footage	Formation	Thickness	Set 43' of 8 5/8" TD 1075' Ran 1070' of 2 7/8
4	Topsoil	4	
18	clay	14	
26	sandstone	8	
163	shale	137	
436	lime	273	
456	shale	20	
466	lime	10	
499	shale	33	
570	lime	71	
587	shale	17	
599	lime	12	
604	shale	5	
614	lime	10	
621	shale	7	
630	lime	9	
816	shale	186	
826	lime	10	
883	shale	57	
886	lime	3	
889	shale	3	
893	lime	4	
901	shale	8	
904	lime	3	
916	shale	12	
920	lime	4	
950	shale	30	
959	lime	9	
974	shale	15	
984	sand	10	good odor & bleed
1020	shale	36	
1030	sand	10	good odor & bleed
1066	shale	36	
1068	lime	2	
1075	shale	7	



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 # 240860

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

V-14
GLADES 14
31857
SW 9-24-16 WO
04/19/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	164.00	10.4500	1713.80
1118B	PREMIUM GEL / BENTONITE	376.00	.2000	75.20
1107A	PHENOSEAL (M) 40# BAG)	82.00	1.2200	100.04
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)	60.00	4.00	240.00
368 CASING FOOTAGE	1070.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
510 TON MILEAGE DELIVERY	423.12	1.26	533.13

Parts: 1917.04 Freight: .00 Tax: 139.94 AR 4075.11
 Labor: .00 Misc: .00 Total: 4075.11
 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

TICKET NUMBER 31857

LOCATION Ottawa KS

FOREMAN Fred Maden

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
4/19/11	8507	Glades 1 #19 V-14	SW 9	24	16	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Viva International			506	Fred	Safety	Mty
MAILING ADDRESS			368	Ken	KH	
8357 Melrose DR			370	Derek	DM	
CITY	STATE	ZIP CODE	510	Cecil	CAP	
Chanute	KS	66714				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1075 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1070 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.22 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 413 PM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush
Mix Pump 164 gals 50/50 por Mix Cement 2% Gel 1/2#
Pheno Seal 15K - Cement to Surface. Flush pump lines
clean. Displace 2 1/2" Rubber Plug to casing TD w/ 6.22 BBLS
Fresh water. Pressure to _____ PSI. Release pressure
to set float valve. Shut in casing

Hot Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	60 mi	MILEAGE		240.00
5402	1070	Casing Footage		N/C
5407A	423.12	Two Miles	533.13	
5502C	3 hrs	80 BBL Vac		270.00
1124	1645 KLS	50/50 por Mix Cement		1713.80
1118B	376 #	Premium Gel		75.20
1107A	82 #	Pheno Seal		100.04
4402	1	2 1/2" Rubber Plug		28.00
		WO# 240860		
		7.3%	SALES TAX	139.94
			ESTIMATED TOTAL	4075.11

Ravin 3737

AUTHORIZATION Tim 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



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 # 241441

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 _____



CONSOLIDATED
Oil Well Services, LLC

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

5th well

TICKET NUMBER 52407
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-14				WO

CUSTOMER
Viva Int.

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Jash	488T102	Marvin
490	Donnie/Tim		
478	Mark	452T63	Allen
582	Landon		
424	Eric		
453T91	Larry		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
- <u>(17)</u> Squirrel	
-1028 <u>(17)</u>	

TYPE OF TREATMENT
Acidspot + frac

CHEMICALS
KELSYB - Biocide - Breaker
Acid

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21				BREAKDOWN 1625
20-40		21		150#		START PRESSURE
12-20		21				END PRESSURE
12-20		21		1350		BALL OFF PRESS
8-12		21		500#		ROCK SALT PRESS
Ballsealers <u>(10)</u>		16		↓	MAX 3800	ISIP 500
12-20 + <u>(2)</u>		12				5 MIN
12-20		12		1500#		10 MIN
12-20		12				15 MIN
8-12		12		500#		MIN RATE
FLUSH CASING	7	12				MAX RATE
Release balls to T.D. X2						DISPLACEMENT 6.0
OVERFLUSH	13	16	TOTAL	4,000 #	2100	
TOTAL BBL'S	128		SAND			

REMARKS:
spotted 75 gal. -15% HCL acid on perfs
100 gal RAW HCL acid OTF in frac
location 1:30PM - 2:15PM 50 miles

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

Terms and Conditions are printed on reverse side.