



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1066669

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1066669

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Glades #V-15
API # 15-207-27687-00-00
SPUD DATE 5-3-11

Footage	Formation	Thickness	Set 40' of 8 5/8"
2	Topsoil	2	TD 1088'
21	sandstone	19	Ran 1080' of 2 7/8
171	shale	150	
219	lime	48	
226	shale	7	
446	lime	220	
501	shale	55	
581	lime	80	
590	shale	9	
611	lime	21	
614	shale	3	
639	lime	25	
800	shale	161	
803	lime	3	
825	shale	22	
849	lime	24	
895	shale	46	
898	lime	3	
911	shale	13	
929	lime	18	
944	shale	15	
949	lime	5	
965	shale	16	
970	lime	5	
985	shale	15	
990	sand	5	good odor, little bleed
1032	shale	42	
1038	sand	6	very little bleed, very little odor
1040	shale & sand	2	
1088	shale	48	



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 # 241254

Invoice Date: 05/11/2011 Terms: 0/0/30,n/30

Page 1

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

GLADES V-15
31917
NE 9-24-16 WO
05/05/2011
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	125.00	17.9000	2237.50
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1107A	PHENOSEAL (M) 40# BAG)	63.00	1.2200	76.86
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
495 CASING FOOTAGE	1082.00	.00	.00
515 TON MILEAGE DELIVERY	354.06	1.26	446.12

Parts:	2362.36	Freight:	.00	Tax:	172.45	AR	4355.93
Labor:	.00	Misc:	.00	Total:	4355.93		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

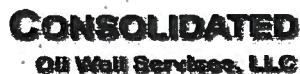
GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 31917
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/5/11	8507	Glades # N-15	NE 9	24	16	W.D.
CUSTOMER						
Viva International						
MAILING ADDRESS						
8357 Melrose Ave						
CITY		STATE	ZIP CODE			
Benewa		KS	66214			

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred	Safety	Mike
495	Casey	CK	
370	Arlen	ADP	
515	ALL BVM -	JOE - KNO.	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>1088</u>	CASING SIZE & WEIGHT <u>2 3/8 EUE</u>
CASING DEPTH <u>1082</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>6.29'</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>58 bpm</u>

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush
Mix & Pump 125 SKS DWC Cement w/ 1/2# Phenoseal/SK.
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
Rubber Plug to casing TD w/ 6.29 BBL Fresh Water.
Pressure to 700# PSI. Release pressure to set float valve,
Shut in casing

Next Drilling

Fred Mader

[illegible]

Bayin 3737

AUTHORIZTION

Wes

TITLE

DATE _____

SALES TAX	172.45
ESTIMATED TOTAL	4355.93

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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8357 MELROSE DRIVE
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(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
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785/672-2227

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785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



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

7th well

TICKET NUMBER 52409
FIELD TICKET REF # 44992
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Glades I # V-15				NO

CUSTOMER Viva Int.		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Donnie		
478	Mark		
582	Landon		
424	Eric		
453T91	Larry		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 8EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1039-46 (15) Squirrel	

TYPE OF TREATMENT

Acid bullhead + Frac w/acid OTF

CHEMICALS

KLSUB-Biocide - Breaker
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
					2000	BREAKDOWN 1700
PAID	20	15				START PRESSURE
20-40		15		250#		END PRESSURE
12-20		15				BALL OFF PRESS
8-12 12-20		15				ROCK SALT PRESS
8-12 12-20		16				ISIP 625
12-20		16		650#	1500	5 MIN
12-20		20		500#	1900	10 MIN
8-12						15 MIN
					1700	MIN RATE
FLUSH CASING	7	21				MAX RATE
Release balls to T.D.						DISPLACEMENT 6.1
OVERFLUSH	10	21	TOTAL	1,400 #	1600	
TOTAL BBL'S	100		SAND			

REMARKS:

* bullhead 50 gal. raw HCL acid to perfs & stage into
125 gal. raw HCL acid OTF in frac

Location 3:15pm - 4:00pm 50. miles

AUTHORIZATION [Signature]

TITLE _____

DATE 5-17-11

Terms and Conditions are printed on reverse side.