

Kansas Corporation Commission Oil & Gas Conservation Division

1066725

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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 Approved by: Date:						

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	ols. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D (Sub	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	DN INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

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

Glades #V-17 API # 15-207-27689-00-00 SPUD DATE 4-30-11

Footage Formation Thickness Set 40' of 8 5/8" Topsoil 2 TD 1088' clay 4 Ran 1082' of 2 7/8 18 sandstone 12 174 shale 156 452 lime 278 504 shale 52 512 lime 8 525 shale 13 550 lime 25 585 shale 35 648 lime 63 832 shale 184 842 lime 10 932 shale 90 935 lime 3 950 shale 15 950 shale 15 950 shale 15 952 lime 2 956 shale 4 962 lime 6 972 shale 10
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972 shale 10
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977 lime 5
994 shale 17
998 sandshale 4 very generous little odor no bleed
1040 shale 42
1049 sand 9 good odor & bleed
1088 shale 39



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 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-17 31911

SE 9-24-16 WO 05/03/2011

KS

Part Number I		Description	Qty	Unit Price	Total
1124		50/50 POZ CEMENT MIX	155.00	10.4500	1619.75
1118B		PREMIUM GEL / BENTONITE	360.00	.2000	72.00
1107A		PHENOSEAL (M) 40# BAG)	78.00	1.2200	95.16
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 MILE	AGE (ONE WAY)	.00	4.00	.00
368	CASING FOOTAGE		1082.00	.00	.00
370	80 BBL VACUUM	TRUCK (CEMENT)	2.00	90.00	180.00
441	TON MILEAGE DE		366.57	1.26	461.88

Parts: 1814.91 Freight: .00 Tax: 132.49 AR 3564.28

 Parts:
 1814.91 Freight:
 .00 Tax:
 132.49

 Labor:
 .00 Misc:
 .00 Total:
 3564.28

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

Signed

Date

CONSOLIDATED OH Well Services, LLC

API -15-207-27689-000

LOCATION OF AMA KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT CEMENT

SIGNINE VI VO. TITLEY MALLING ADDRESS 8.357 Meltos DR STATE	DATE	CUSTOMER#	WELL	NAME & NUME	ER	SECTION	TOWNSHIP	RANGE	COUNTY
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// · / /								TOTAL	3564-
	AUTHORIZTIO	N //	Lesy	<u> </u>	TITLE			DATF	

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.



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 #

241441

INVOICE

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

Page

VIVA INTERNATIONAL INC.

ATTN: ROBERT

8357 MELROSE DRIVE LENEXA KS 66214 (913)859-0438

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

=======================================							
Part Number	Qty	Unit Price	Total				
1275	Description 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 TRANSPO	RT (FRAC)	8.00		896.00			
424 MISC. PUMP (A		1.00		200.00			
	CID TRUCK)	1.00		200.00			
	CID TRUCK)	1.00		200.00			
	CID TRUCK)	1.00		200.00			
	CID TRUCK)	1.00		200.00			
	CID TRUCK)	1.00		200.00			
424 MISC. PUMP (A		1.00		200.00			
424 BULK SAND DEL		1.00		315.00			
424 MILEAGE CHARG		50.00		200.00			
T-91 WATER TRANSPO		7.00	112.00	784.00			



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

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

	Hours	Unit Price	Total
Description			
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
4/0 MINIMON COMPO COMMICE TO COMP	1.00	2050.00	2050.00
	1.00	2050.00	2050.00
1/0 MINIMON CONDO COMMICE TO CO.			200.00
476 MILEAGE CHARGE (ONE WAY)	50.00	4.00	
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
	1.00	375.00	375.00
302 111111111111111111111111111111111111	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE			
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00

41063.35 .00 Tax: 60.66 AR 17243.69 Freight: Parts:

.00 Misc:

Labor:

.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

6 th well

FOREMAN Drett Pausly

TREATMENT REPORT

DATE	CUSTOMER#	WELL	NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Glades 1	# V-1	7				WO
CUSTOMER		TOTAGE T						
Viva	Tnt.				TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS				476	Josh	4881904	Marvin
					490	Donnie/T	m	
CITY		STATE	ZIP CODE		478	Mark		
					424	Ecic		
Carl Salara			Harring diese		SP2	Landon		
S 1934a STALL III - GLANT III	WELL		The same of the sa		453791	Lacry		
CASING SIZE		TOTAL DEPTH] '		TYPE OF TR	EATMENT	
CASING WEIGHT		PLUG DEPTH			AcidImi		+ acid 01	7
TUBING SIZE	1/2 SEUC	PACKER DEPTH			1000	CHEMIC		
TUBING WEIGHT		OPEN HOLE			KCLSUB-	0		
PERFS & FORMA	TION	J. EITHOLE	1		Acid-int		tim Oil	
1040-	50 (16)	Souirce						
7070		Syditte						
<u> </u>						E-TELLET	1 1000 1 100	明在的第二
STA	AGE	BBL'S	INJ RATE	PROPPANT	SAND / STAGE	PSI	and the second of the second o	
CAD		PUMPED	011/	FFG 's		1(67)	BREAKDOWN	1200
PHU		20	14/6		013/2#	1600		DE.
20-40			20/6	. 7	0000	1	START PRESSU	
12-20			N 6		650#		END PRESSURE	
12.20			11/6		~ 00#		BALL OFF PRES	
8-10-	1 - 1		X116		500"	- U	ROCK SALT PRE	
130/150	gle(SV)		16			05M		2
12/20			15			700	5 MIN	
12140			15		-		10 MIN	
8-14			10				15 MIN	
	15 11		15				MIN RATE	
FLUSH (CAS/NG	, /					MAX RATE	
Retease	milk to	T.D.					DISPLACEMENT	6,1
OVERFI	us/+	2		TOTAL	1,400 #			
TOTAL	- BBL5	93		SAND				
REMARKS:		10						
SONT	Hed 71	5 001-15	7 AICL	acid or	n perts			
								y is a
10	O gal.	saw HC	L acid	OTF 1	n frac			V.
								:
	().()	200	0:1000	1			- 100 /	,
10CGT10	n 2,30	0/11/	3.1011	//			- ////18)
AUTHORIZATIO	N_ A	10		TITLE		·	DATE 5-//	7-11
Terms and Co	onditions are	printed on rev	erse side.					