



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: _____



1066725

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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"
2	Topsoil	2	TD 1088'
6	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	
952	lime	2	
956	shale	4	
962	lime	6	
972	shale	10	
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	



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 # 241172

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	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 MILEAGE (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 DELIVERY	366.57	1.26	461.88

Parts: 1814.91 Freight: .00 Tax: 132.49 AR 3564.28
Labor: .00 Misc: .00 Total: 3564.28
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

API - 15-207-27689-0000

TICKET NUMBER 31911
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
5/3/11	8507	Glades # V-17	SE 9	24	16	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Viva International			506	Fred	Safety Mtg.	
MAILING ADDRESS			368	Kar	KIM	
8357 Melrose DR			370	Arler	ARM	
CITY	STATE	ZIP CODE	491	Kevin	KIM	
Lenexa	KS	66214				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1088' CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 1082' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Ply
 DISPLACEMENT 6.29 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
 Flush. Mix + Pump 155 sks 50/50 Por Mix Cement 2 7/8 Gel
 1/2# Pheno Seal/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 800# PSI. Release pressure to
 set float valve. Shut in casing.

Hat Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	55 mi	MILEAGE Truck on lease		N/C
5402	1082	Casing footage		N/C
5407A	366.57	Ton Miles #491		461 ²⁸
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	155 sks	50/50 Por Mix Cement		1619 ⁷⁵
118B	360 #	Premium Gel		72 ⁰⁰
1107A	25 #	Pheno Seal		95 ¹⁶
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
		W/O # 241172		
			713 ²⁰	SALES TAX ESTIMATED TOTAL
				132 ⁴⁹
				3564 ²⁸

Ravin 3737

AUTHORIZATION P. 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 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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Page 2

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ATTN: ROBERT
8357 MELROSE DRIVE
LENEKA 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
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EUREKA, KS
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WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

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

6th well

TICKET NUMBER 52408
FIELD TICKET REF # 44942
LOCATION Theyer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11		Glades I # V-17				WO
CUSTOMER Ving Int.			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY		STATE	ZIP CODE	TRUCK #		
				DRIVER		

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	488T902	Marvin
490	Donnie/Tim		
478	Mark		
424	Eric		
582	Landon		
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	
1090-50 (16) Squirrel	

TYPE OF TREATMENT
Acid spot w/ frac + acid OTF

CHEMICALS
KLSUB - Biocide - Breaker
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21/16			1600	BREAKDOWN 2300
20-40		21/16		850#		START PRESSURE
12-20		21/16		850#		END PRESSURE
12-20		21/16		500#		BALL OFF PRESS
8-12		21/16				ROCK SALT PRESS
Ballsealers		16				ISIP 850
12-20		15			2500	5 MIN
12-20		15				10 MIN
8-12		15				15 MIN
		15				MIN RATE
FLUSH CASING	7					MAX RATE
Release balls to T.D.						DISPLACEMENT 6.1
OVERFLUSH	8					
TOTAL BBL'S	93		TOTAL SAND	1,400 #		

REMARKS:
spotted 75 gal-15% HCL acid on perfs
100 gal. saw HCL acid OTF in frac
location 2:30PM - 3:10PM 50 = miles

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

Terms and Conditions are printed on reverse side.