



KANSAS CORPORATION COMMISSION 1066732  
OIL & GAS CONSERVATION DIVISION

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 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: \_\_\_\_\_



1066732

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-18

API # 15-207-27690-00-00  
SPUD DATE 5-4-11

Footage	Formation	Thickness	Set 40' of 8 5/8"
2	Topsoil	2	TD 1082'
26	clay	24	Ran 1078' of 2 7/8
36	sand	10	
183	shale	147	
230	lime	47	
246	shale	16	
416	lime	170	
430	shale	14	
459	lime	29	
510	shale	51	
589	lime	79	
594	black shale	5	
613	lime	19	
617	shale	4	
642	lime	25	
803	shale	161	
811	lime	8	
829	shale	18	
835	lime	6	
899	shale	64	
901	lime	2	
930	shale	29	
933	lime	3	
949	shale	16	
956	lime	7	
968	shale	12	
972	lime	4	
1027	shale	55	slight odor
1035	sand	8	good bleed + odor
1082	shale	47	



**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 # 241257

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-18  
31918  
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)	.00	4.00	.00
495	CASING FOOTAGE	1078.00	.00	.00
548	TON MILEAGE DELIVERY	354.06	1.26	446.12

Parts: 2362.36 Freight: .00 Tax: 172.45 AR 4135.93  
Labor: .00 Misc: .00 Total: 4135.93  
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



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 31918  
LOCATION Ottawa KS  
FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/5/11	8507	Glades 4 # V-18	NE 9	24	16	WD
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Viva International			506	Fred	Safety	Wdy
MAILING ADDRESS			495	Casey	CK	
8357 Melrose Ave			370	Avlan	ARM	
CITY	STATE	ZIP CODE	548	Tim	TAW	
Kansas City	KS	66214				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1082 CASING SIZE & WEIGHT 2 3/8 EUE  
 CASING DEPTH 10780 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2 Plug  
 DISPLACEMENT 6.27 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 53 PM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.  
 Mix + Pump 125 sks OWC w/ 1/2# Pheno Seal / sk. Cement to  
 Surface Flush pump + lines clean. Displace 2 1/2" Rubber plug  
 to casing TD w/ 6.27 BBL Fresh water. Pressure to 700 PSI  
 Release pressure to set float valve. Shut in casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				975 <sup>00</sup>
5401	1	PUMP CHARGE		
5402	-0.	MILEAGE Truck on lease		N/C
5402	1078	Casing Footage		N/C
5407A	354.06	Ton Miles		446 <sup>12</sup>
5502C	2hrs	80 BBL Vac Truck		180 <sup>00</sup>
		<u>OWC</u>		
1126	125 sks	<del>50/50 Por Mix Cement</del>		2237 <sup>50</sup>
1118B	100#	Premium Gel		20 <sup>00</sup>
1107A	63#	Pheno Seal		76 <sup>82</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
		<u>WO # 241257</u>		
			SALES TAX	172 <sup>45</sup>
			ESTIMATED TOTAL	4135 <sup>95</sup>

Flavin 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

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

*032*  
MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 241831

Invoice Date: 06/13/2011 Terms: 0/0/30,n/30

Page 1

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

GLADES V-18 & V-19  
45108  
6-6-11  
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	250.00	1.7000	425.00
1278	30% HCL	300.00	3.5000	1050.00
1202	ACID INHIBITOR	1.50	46.0000	69.00
1219B	STIMOIL FBA	2.50	40.0000	100.00
1268	CITY WATER	6000.00	.0156	93.60
1268	CITY WATER	6000.00	.0156	93.60
1231	FRAC GEL	200.00	5.2000	1040.00
1215	KCL SUB MB6875 CC3107	10.00	36.5000	365.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	187.0000	93.50
2101A	20-40 BROWN SAND	200.00	.2600	52.00
2102	12/20 BROWN SAND	1400.00	.2700	378.00
2103	8-12 BROWN SAND	1000.00	.2800	280.00

Description	Hours	Unit Price	Total
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
424 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
VALVE FRAC VALVES (2" OR 3")	2.00	100.00	200.00
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
T-95 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
478 PROPANT DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
T-103 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00



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Page 2

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

GLADES V-18' & V-19  
45108  
6-6-11  
KS

Description	Hours	Unit Price	Total
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00

Parts: 4219.70 Freight: .00 Tax: 13.66 AR 12270.36  
 Labor: .00 Misc: .00 Total: 12270.36  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
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ELDORADO, KS  
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307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

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

1st well

TICKET NUMBER 52425  
FIELD TICKET REF # 45108  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-11		Glades V-18				W0
CUSTOMER						
Viva International						
MAILING ADDRESS						
CITY STATE ZIP CODE						

\* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Donnie		
478	Tim		
582	Wes N/A		
424	Eric		
489T103	George G.W.T.		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/8 SEUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1035-43 (17) Squirrel	

**TYPE OF TREATMENT**

Acidspot + frac

**CHEMICALS**

Kelsub-Biocide + Breaker  
Acid-inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	15	21			1050	BREAKDOWN
20-40		21	15-10	100#	1100	START PRESSURE
12-20			10			END PRESSURE
12-20			1.5			BALL OFF PRESS
12-20			2.0	700#	1200	ROCK SALT PRESS
8-12			1.5			ISIP 300
8-12			2.0	500#		5 MIN
FLUSH CASING	8	21			1400	10 MIN
OVERFLUSH	8	21			1100	15 MIN
TOTAL BBL'S	68					MIN RATE
						MAX RATE
			TOTAL SAND	1,300#		DISPLACEMENT 6.1

REMARKS: held safety-meeting  
spotted 125 gal 15% HCL acid

Location 3:30PM - 4:00PM 50 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 6-6-11

Terms and Conditions are printed on reverse side.