



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: _____



1066749

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 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 <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: _____ _____ |
|---|--|--|

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

Glades #V-19

API # 15-207-27691-00-00
SPUD DATE 5-5-11

| Footage | Formation | Thickness | Set 42' of 8 5/8" |
|---------|-----------|-----------|--------------------|
| 2 | Topsoil | 2 | TD 1086' |
| 24 | clay | 22 | Ran 1078' of 2 7/8 |
| 34 | sandstone | 10 | |
| 181 | shale | 147 | |
| 209 | lime | 28 | |
| 214 | shale | 5 | |
| 235 | lime | 21 | |
| 255 | shale | 20 | |
| 431 | lime | 176 | |
| 439 | shale | 8 | |
| 469 | lime | 30 | |
| 477 | shale | 8 | |
| 499 | lime | 22 | |
| 518 | shale | 19 | |
| 592 | lime | 74 | |
| 597 | shale | 5 | |
| 612 | lime | 15 | |
| 617 | shale | 5 | |
| 642 | lime | 25 | |
| 806 | shale | 164 | |
| 824 | lime | 18 | |
| 832 | shale | 8 | |
| 840 | lime | 8 | |
| 903 | shale | 63 | |
| 916 | lime | 13 | |
| 934 | shale | 18 | |
| 937 | lime | 3 | |
| 969 | shale | 32 | |
| 974 | lime | 5 | |
| 1030 | shale | 56 | |
| 1036 | sand | 6 | |
| 1086 | shale | 50 | |



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 # 241268

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-19
31871
NE 9-24-16 WO
05/06/2011
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1107A | PHENOSEAL (M) 40# BAG) | 65.00 | 1.2200 | 79.30 |
| 1118B | PREMIUM GEL / BENTONITE | 100.00 | .2000 | 20.00 |
| 1126 | OIL WELL CEMENT | 129.00 | 17.9000 | 2309.10 |
| 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) | 55.00 | 4.00 | 220.00 |
| 368 CASING FOOTAGE | 1080.00 | .00 | .00 |
| 370 80 BBL VACUUM TRUCK (CEMENT) | 3.00 | 90.00 | 270.00 |
| 510 TON MILEAGE DELIVERY | 365.39 | 1.26 | 460.39 |

Parts: 2436.40 Freight: .00 Tax: 177.85 AR 4539.64
 Labor: .00 Misc: .00 Total: 4539.64
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



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0322
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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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Invoice Date: 06/13/2011 Terms: 0/0/30,n/30

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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
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



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

N/A

2nd

TICKET NUMBER 52426
FIELD TICKET REF # 45108
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------------------|------------|--------------------|---------|----------|-------|--------|
| G-6-11 | | Glades V-19 | | | | WO |
| CUSTOMER | | | | | | |
| Viva International | | | | | | |
| MAILING ADDRESS | | | | | | |
| CITY STATE ZIP CODE | | | | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|------------|--------|---------|--------|
| Josh 476 | RM | | |
| Donnie 490 | DC | | |
| Tim 478 | | | |
| Wes 582 | N/A | | |
| Eric 424 | | | |
| Tramps 618 | T95 | | |

WELL DATA

| | |
|-----------------------|--------------|
| CASING SIZE | TOTAL DEPTH |
| CASING WEIGHT | PLUG DEPTH |
| TUBING SIZE 2 7/8 REG | PACKER DEPTH |
| TUBING WEIGHT | OPEN HOLE |
| PERFS & FORMATION | |
| 1033-40 (17) Squirrel | |

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS
Kalsub-Biocide-Breaker
Acid-inhibitor-Stimul

| STAGE | BBL'S PUMPED | INJ RATE | PROPPANT PPG | SAND / STAGE | PSI | |
|--------------|--------------|----------|--------------|--------------|------|------------------|
| PAD | 15 | 21 | | | 1600 | BREAKDOWN 2800 |
| 20-40 | | 21 | 15-110 | 100' | | START PRESSURE |
| 12-20 | | 21 | 40 | | | END PRESSURE |
| 12-20 | | | 1.5 | | | BALL OFF PRESS |
| 12-20 | | | 2.0 | 700' | 1700 | ROCK SALT PRESS |
| 8-12 | | | 2.0 | | | ISIP 350 |
| 8-12 | | | 2.0 | 500' | 1400 | 5 MIN |
| | | | | | | 10 MIN |
| | | | | | | 15 MIN |
| FLUSH CASING | 8 | 21 | | | | MIN RATE |
| OVERFLUSH | 8 | 21 | | | 1500 | MAX RATE |
| TOTAL BBL'S | 72 | | TOTAL SAND | 1300# | | DISPLACEMENT 6.1 |

REMARKS:
spotted 125 gal - 15% HCL acid on perfs

Location 4:00P - 4:45PM 50 miles
AUTHORIZATION [Signature] TITLE _____ DATE 6-6-11

Terms and Conditions are printed on reverse side.