



KANSAS CORPORATION COMMISSION 1094006  
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: \_\_\_\_\_



1094006

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 Bbbs.	Gas Mcf	Water Bbbs.	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# 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 # 245533

Invoice Date: 10/31/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY 2-V  
 NE 31 22 19 AN  
 33023  
 10/28/11  
 KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	98.00	17.9000	1754.20
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1110A	KOL SEAL (50# BAG)	490.00	.4400	215.60
1107	FLO-SEAL (25#)	49.00	2.2200	108.78
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 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)	40.00	4.00	160.00
495 CASING FOOTAGE	900.00	.00	.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

=====  
 Parts: 2126.58 Freight: .00 Tax: 165.87 AR 3937.45  
 Labor: .00 Misc: .00 Total: 3937.45  
 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

TICKET NUMBER 33023

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
10/28/11	8507	Donley 2-V	NE 31	22	19	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	FREMAN	Safety Way	
CITY			495	NARAEK	244	D
STATE			369	DEPMAS	DM	
ZIP CODE			558	KEI DET	KD	
8357 Melrose Dr.						
Kansas						
66214						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 910' CASING SIZE & WEIGHT 2 1/8 EUE  
 CASING DEPTH 900' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug.  
 DISPLACEMENT 5.23 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel  
Flush. Mix Pump 98 SKS OWC Cement w/5# Kal Seal 1/2# F10 Seal  
Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber  
Plug to casing TD w/ 5.23 BBL Fresh water. Pressure to 800# PSI  
Release pressure to set float valve. Shut in casing

*Fred Maden*

Hot Drilling - Rig 2.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 <sup>00</sup>
5406	40	MILEAGE	495	160 <sup>00</sup>
5402	900	Casing footage		N/C
5407	Minimum	Ton Miles	558	330 <sup>00</sup>
5502C	2 hrs	80 BBL Vac Truck	369	180 <sup>00</sup>
1126	98 SKS	OWC Cement		1754 <sup>00</sup>
1118B	100#	Premium Gel		20 <sup>00</sup>
1110A	490#	Kal Seal		215 <sup>60</sup>
1107	49#	F10 Seal		108 <sup>75</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			7.0%	SALES TAX
				ESTIMATED
				TOTAL
				165 <sup>57</sup>
				3937 <sup>45</sup>

*245533*

Revin 3737

AUTHORIZATION *[Signature]* 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 # 246084

Invoice Date: 11/28/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY V-2,V-3,1-11,V-10  
45207  
32-22S-14E  
11-21-11  
KS

Part Number	Description	Qty	Unit Price	Total
1202	ACID INHIBITOR	1.00	46.0000	46.00
1219B	STIMOIL FBA	2.00	55.0000	110.00
1275	15% HCL	300.00	2.4000	720.00
1268	CITY WATER	10920.00	.0156	170.35
1231	FRAC GEL	200.00	6.0000	1200.00
1215A	KCL (1/1000)	12.00	36.5000	438.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	1.00	187.0000	187.00
4326	7/8" RUBBER BALL SEALERS	51.00	3.0000	153.00
2101	20/40 BROWN SAND	800.00	.2500	200.00
2102	12/20 BROWN SAND	3900.00	.2700	1053.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	4.00	100.00	400.00
BALLI BALL INJECTOR	4.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	4.00	1250.00	5000.00
476 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
482 MIN. BULK DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
T-102 WATER TRANSPORT	10.00	112.00	1120.00
582 MINIMUM ACID SPOTTING CHARGE	4.00	375.00	1500.00
582 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00

Parts: 4457.35 Freight: .00 Tax: 25.22 AR 13297.57  
 Labor: .00 Misc: .00 Total: 13297.57  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



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

1st well

TICKET NUMBER 56171  
FIELD TICKET REF # 45207  
LOCATION THAYER, KS.  
FOREMAN Landon Westfall

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	Donnelly V-2	32	22 S	19 E	AN
CUSTOMER <b>VIVA</b>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	JOSH		
490	DON		
482	MARCUS		
618	MARVIN		
488	BRIAN		
582	WES		

**WELL DATA**

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>852-875 (28)</u>	

**TYPE OF TREATMENT**

SPOT + FRAC

**CHEMICALS**

<u>Acid</u>	<u>KCl</u>
<u>INHIB</u>	<u>BIOCIDE</u>
<u>STIM OIL</u>	<u>BREAKER</u>
<u>Gel</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>15</u>					BREAKDOWN <u>750</u>
						START PRESSURE
<u>20/10</u>				<u>200 #</u>		END PRESSURE
						BALL OFF PRESS
<u>12/20</u>				<u>400 #</u>		ROCK SALT PRESS
						ISIP <u>300</u>
<u>Ball sealers 10</u>						5 MIN
						10 MIN
<u>12/20</u>				<u>600 #</u>		15 MIN
						MIN RATE
<u>OV4 FLUSH</u>	<u>10</u>					MAX RATE
<u>Release balls</u>						DISPLACEMENT
<u>FLUSH</u>	<u>5</u>					
<u>TOTAL</u>	<u>70</u>		<u>TOTAL 5000</u>	<u>1200 #</u>		

REMARKS: Held SAFETY meeting!

AUTHORIZATION [Signature] TITLE [Signature] DATE 11-21-11

Terms and Conditions are printed on reverse side.