



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: _____



1095215

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|



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

0322

INVOICE

Invoice # 245218

Invoice Date: 10/25/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY 3-V
32963
NE 31 22 19 AN
10/18/11
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|------------------------------|--------|------------|---------|
| 1126 | OIL WELL CEMENT | 101.00 | 17.9000 | 1807.90 |
| 1118B | PREMIUM GEL / BENTONITE | 100.00 | .2000 | 20.00 |
| 1107 | FLO-SEAL (25#) | 25.00 | 2.2200 | 55.50 |
| 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) | 40.00 | 4.00 | 160.00 |
| 368 | CASING FOOTAGE | 905.00 | .00 | .00 |
| 370 | 80 BBL VACUUM TRUCK (CEMENT) | 3.00 | 90.00 | 270.00 |
| 558 | MIN. BULK DELIVERY | 1.00 | 330.00 | 330.00 |

Parts: 1911.40 Freight: .00 Tax: 149.09 AR 3795.49
Labor: .00 Misc: .00 Total: 3795.49
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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32963

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|--------------------------|----------|-------|--------|
| 10-18-11 | 8507 | Donley 3-V | NE 31 | 22 | 19 | AN |
| CUSTOMER <u>Viva International</u> | | | | | | |
| MAILING ADDRESS <u>8357 Melrose Dr</u> | | | | | | |
| CITY <u>Lenexa</u> | | STATE <u>KS</u> | ZIP CODE <u>66214</u> | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 516 | Alan M | Safety | meat |
| 368 | Arlean M | ARM | |
| 370 | Gary M | GM | |
| 558 | Derkm | JM | |

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 912' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 905 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 101 gal DWC plus 1/4# flo-seal. Circulated cement. Flushed pump. Pumped plug to casing T.D. Well held 800 PSI. Set float. Closed valve.

Best. Big rig

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL | |
|--------------|-------------------|------------------------------------|------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | | 975.00 | |
| 5406 | 40 | MILEAGE | | 160.00 | |
| 5402 | 905 | casing footage | | — | |
| 5707 | mi | ton miles | | 330.00 | |
| 55026 | 3 | 80 van | | 270.00 | |
| 1186 | 101.55 | DWC | | 1867.90 | |
| 1183 | 100# | gel | | 20.00 | |
| 1107 | 25# | flo-seal | | 55.50 | |
| 4402 | 1 | 2 1/2 plug | | 28.00 | |
| | | | | SALES TAX | 149.09 |
| | | | | ESTIMATED TOTAL | 3795.49 |

245218

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

2nd
Well

TICKET NUMBER 56172
FIELD TICKET REF # 45207
LOCATION THayer, Ks.
FOREMAN Landon Jessup

**TREATMENT REPORT
FRAC & ACID**

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|------------|----------|-------|--------|
| 11-21-11 | 8507 | Donnelly V-3 | 32 | 22S | 19E | AN |
| CUSTOMER | | | TRUCK # | | | |
| VIVA | | | DRIVER | | | |
| MAILING ADDRESS | | | TRUCK # | | | |
| CITY | | | DRIVER | | | |
| STATE | | | TRUCK # | | | |
| ZIP CODE | | | DRIVER | | | |
| | | | 476 JOSH | | | |
| | | | 490 DON | | | |
| | | | 482 MARCUS | | | |
| | | | 618 MARVIN | | | |
| | | | 488 BRIAN | | | |
| | | | 582 Wes | | | |

WELL DATA

| | | | |
|-------------------|--------------|--------------|--|
| CASING SIZE | 2 3/8 | TOTAL DEPTH | |
| CASING WEIGHT | | PLUG DEPTH | |
| TUBING SIZE | | PACKER DEPTH | |
| TUBING WEIGHT | | OPEN HOLE | |
| PERFS & FORMATION | 856-865 (10) | | |

TYPE OF TREATMENT

SPOT + FRAC

CHEMICALS

| | |
|----------|---------|
| Acid | KCl |
| INHib | Biocide |
| Stim oil | Breaker |
| Gel | |

| STAGE | BBL'S PUMPED | INJ RATE | PROPPANT PPG | SAND / STAGE | PSI | |
|---------------|--------------|----------|--------------|--------------|-----|-----------------|
| PAD | | | | | | BREAKDOWN 1650 |
| | | | | | | START PRESSURE |
| 20/40 | | | | 200 # | | END PRESSURE |
| 12/20 | | | | 700 # | | BALL OFF PRESS |
| | | | | | | ROCK SALT PRESS |
| Ball seats 2 | | | | | | ISIP 200 |
| | | | | | | 5 MIN |
| 12/20 | | | | 400 # | | 10 MIN |
| | | | | | | 15 MIN |
| | | | | | | MIN RATE |
| FLOSH | 10 | | | | | MAX RATE |
| Release balls | | | | | | DISPLACEMENT |
| OVER FLOSH | 5 | | | | | |
| TOTAL | 70 | | TOTAL SAND | 1300 # | | |

REMARKS:

AUTHORIZATION _____ TITLE _____ DATE 11-21-11

Terms and Conditions are printed on reverse side.