



**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: \_\_\_\_\_



1095223

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) (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 # 245682

Invoice Date: 11/10/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY 10-V  
33057  
NE 31 22 19 AN  
11-2-2011  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	100.00	17.9000	1790.00
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1110A	KOL SEAL (50# BAG)	500.00	.4400	220.00
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)	30.00	4.00	120.00
368 CASING FOOTAGE	904.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 2113.50 Freight: .00 Tax: 164.85 AR **3883.35**  
 Labor: .00 Misc: .00 Total: 3883.35  
 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

TICKET NUMBER 33057  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-2-11	8507	Donley 10-U	NE 31	22	19	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Viva International			516	Alan M	Safety	Meed
MAILING ADDRESS			368	Alan M	Alan M	
8357 Melrose			370	Barry M	GM	
CITY	STATE	ZIP CODE	503	Keith C	KC	
Lenexa	KS	66214				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 914 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 904 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Well crew meet. Established rate. Mixed & pumped 100# gel to flush hole followed by 100 sk DWC plus 5# Koi seal & 1/4# phaseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

VIAT, Brent.

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		9.75.00
5406	30	MILEAGE		120.00
5402	904	casing footage		-
5407	Min	10 miles		330.00
5502C	2	80 vgl		120.00
1126	100 sk	DWC		1790.00
118B	100#	gel		20.00
1110A	500#	kg seal		220.00
407	25#	fl seal		55.50
4422	1	2 1/2 plug		28.00
				245682

Ravin 3737 AUTHORIZATION *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 SALES TAX ESTIMATED TOTAL 164.85  
3893.35

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**  
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0322

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**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  
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PONCA CITY, OK  
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307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

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

**TREATMENT REPORT  
FRAC & ACID**

4TH  
well

TICKET NUMBER 56174  
FIELD TICKET REF # 45207  
LOCATION THAYER, KS.  
FOREMAN LANDON WESSLING

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	PONNELY V-10	32	225	19E	AN

CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
VIVA		476		JOSH					
MAILING ADDRESS		490		DON					
CITY		482		MARCUS					
STATE		618		MARVIN					
ZIP CODE		488		BRIAN					
		582		WES					

**WELL DATA**

CASING SIZE	2 7/8	TOTAL DEPTH
CASING WEIGHT		PLUG DEPTH
TUBING SIZE		PACKER DEPTH
TUBING WEIGHT		OPEN HOLE
PERFS & FORMATION		
	850-875 (27)	

**TYPE OF TREATMENT**

SPOT + FRAC

**CHEMICALS**

Acid	Kcl
INHib	Bicide
STIRN OIL	Breaker
Gel	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD						BREAKDOWN 500
20/20			200#			START PRESSURE
						END PRESSURE
12/20			400#			BALL OFF PRESS
Ball sappers (17)						ROCK SALT PRESS
						ISIP 225
12/20			500#			5 MIN
						10 MIN
						15 MIN
						MIN RATE
over flush	5					MAX RATE
2 Released balls						DISPLACEMENT
FLUSH	10		TOTAL SAND	1100		
TOTAL	70					

REMARKS:

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AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-21-11

Terms and Conditions are printed on reverse side.