



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
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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: _____



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

HAT Drilling

NO. 472

INVOICE DATE	6-20-12
CUSTOMER'S ORDER NO.	

SOLD TO:	V. Va International
Glades # V-25	1073' T.D.

SHIP TO:	

SALESPERSON	SHIPPED VIA	SHIP DATE	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
	1073'	@ \$850/ft	\$	9120 50
	4	hrs water hauling		380 00
		cement surface		250 00
	12	bags of cement		150 00
				\$9900 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 • 1-800/467-8878
Fax 620/431-0012

INVOICE

Invoice # 250740

Invoice Date: 06/25/2012 Terms: 0/0/30,n/30

Page 1

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

GLADES #V-25
37315
9-24-16
06-21-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	155.00	10.9500	1697.25
1118B	PREMIUM GEL / BENTONITE	361.00	.2100	75.81
1107A	PHENOSEAL (M) 40# BAG)	78.00	1.2900	100.62
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
		Hours	Unit Price	Total
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
495	CASING FOOTAGE	1067.00	.00	.00
558	MIN. BULK DELIVERY	399.90	1.34	535.87
675	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Parts: 1901.68 Freight: .00 Tax: 138.82 AR 4116.37
 Labor: .00 Misc: .00 Total: 4116.37
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
820/683-7684

PONCA CITY, OK
580/782-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



TICKET NUMBER 37315
 LOCATION Ottawa KS.
 FOREMAN Fred Mader

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																				
6/20/12	8507	Galader # V-25	Blk 9	24	16	W.O.																				
CUSTOMER			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>506</td> <td>FrcMad</td> <td>Safety</td> <td>Wah</td> </tr> <tr> <td>495</td> <td>KeiCar</td> <td>KC</td> <td>J</td> </tr> <tr> <td>675</td> <td>KeiDet</td> <td>LD</td> <td></td> </tr> <tr> <td>558</td> <td>RyaSin</td> <td>RS</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	506	FrcMad	Safety	Wah	495	KeiCar	KC	J	675	KeiDet	LD		558	RyaSin	RS	
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558	RyaSin	RS																								
MAILING ADDRESS																										
8357 Melrose Drive																										
CITY	STATE	ZIP CODE																								
Lenexa	KS	66214																								

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1073 CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 9067 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BBL/PM

REMARKS: Establish circulation. Mix + Pump 100' Gal Flush. Mix + Pump
sk 50/50 Pre-Mix Cement 270 Gal 1/2" Pheno Seal/sk. Cement
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to casing TO. Pressure to 800' PSI. Release pressure
to set float valve. Shut in casing.

Max Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020 ⁰⁰
5406	60 mi	MILEAGE	495	240 ⁰⁰
5402	1067'	Casing footage		N/C
5407	399.9	Ton Miles	558	535 ⁸²
552C	3 bbls	80 BBL Vac Truck	675	270 ⁰⁰
1124	155 SKS	50/50 Pre-Mix Cement		1697 ²⁵
1168B	361#	Premium Gal		75 ⁸¹
1107H	75#	Pheno Seal		100 ⁶²
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				4116 ³¹

Rev 3737

AUTHORIZATION [Signature] TITLE 250740 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.