



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1156892

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1156892

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

Steven Leis and Andrew King, owners
P.O. Box 92
Yates Center, KS 66783
(719) 210-8806 (620) 330-6328

INVOICE

DATE: December 21, 2012
INVOICE #

BILL TO:
Viva International, Inc
8357 Melrose Dr.
Lenexa, KS 66214

FOR: V-32
Glades lease

DESCRIPTION	Quantity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)		included	
drilled 1078', (5 7/8" hole)		6.50	7,007.00
run long string		included	
8 sacks cement	8.00	13.00	104.00
dig drill pits	1.00	150.00	150.00
SUBTOTAL			\$ 7,261.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 7,261.00

Make checks payable to Hodown Drilling
Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!



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 # 255095

Invoice Date: 12/07/2012 Terms: 0/0/30,n/30

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

GLADES V-32
35249
8-24-16
12-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	167.00	10.9500	1828.65
1118B	PREMIUM GEL / BENTONITE	381.00	.2100	80.01
1107A	PHENOSEAL (M) 40# BAG)	84.00	1.2900	108.36
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
510 TON MILEAGE DELIVERY	430.86	1.34	577.35
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
666 CASING FOOTAGE	1074.00	.00	.00

Parts:	2045.02	Freight:	.00	Tax:	149.28	AR	4311.65
Labor:	.00	Misc:	.00	Total:	4311.65		
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



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 35249
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/4/12	8507	Glades # V-32	SE 8	24	16	W0
CUSTOMER Viva International Inc.						
MAILING ADDRESS 8357 Melrose Drive			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Car Ken	✓	Safety Meeting
			6666	Gar Mon	✓	
CITY			510	Set Tue	✓	
STATE			370	Wes Tra	✓	
ZIP CODE						
Lenexa						
KS						
66214						

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1078'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>1074'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>4.22 bbl/s</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4.5 bpm</u>

REMARKS: held safely, meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 167 sts 5% Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.22 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

12/8

[illegible]

Ravin 3737

AUTHORIZTION

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:

252795



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 54825
FIELD TICKET REF # 48173
LOCATION Thayer
FOREMAN Brett Busby

6TH well

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
1-21-13		Glades III V-32					WO
CUSTOMER							
Viva International							
MAILING ADDRESS							
CITY		STATE	ZIP CODE				

WELL DATA			
CASING SIZE	TOTAL DEPTH		
CASING WEIGHT	PLUG DEPTH		
TUBING SIZE 2 7/8 REG	PACKER DEPTH		
TUBING WEIGHT	OPEN HOLE		
PERFS & FORMATION			
991-96 (11) Squirrel			
1038-43 (11)			

TRUCK #		DRIVER		TRUCK #		DRIVER	
476		Josh					
490		Don					
482		Mark					
582		Daniel					
424		Wes					
618T95		Jay					

TYPE OF TREATMENT	
Acidspot + Frac w/acid OTF	
CHEMICALS	
KLSUB-Biocide -Breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1100
16-30		20		100#		START PRESSURE
12-20				900#		END PRESSURE
8-12				500		BALL OFF PRESS
Ballsealers (7)		20				ROCK SALT PRESS
12-20 (3)		18				ISIP 650
12-20 (2)		17				5 MIN
12-20 (12) balls		17				10 MIN
12-20		17		500#		15 MIN
8-12				500#		MIN RATE
FLUSH CASING	10	18				MAX RATE
Release balls to T.D. X2			TOTAL	2,500#		DISPLACEMENT 6.1
OVERFLUSH	10	20	SAND			
TOTAL BBL'S	135					

REMARKS:

Spot 100 gal -15% HCL acid on perfs
Blend 100 gal raw HCL acid OTF

Location 2:45PM - 3:20PM 50 miles

AUTHORIZATION Ken Oyle TITLE Supt DATE 1-21-13

Terms and Conditions are printed on reverse side.