



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: _____



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

INVOICE

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

DATE: December 22, 2012
INVOICE #

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

FOR: V-36
Glades lease

DESCRIPTION	Quantity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)		included	
		6.50	7,020.00
drilled 1080', (5 7/8" hole)		included	
run long string	8.00	13.00	104.00
8 sacks cement	1.00	150.00	150.00
dig drill pits			
SUBTOTAL			\$ 7,274.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 7,274.00

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!



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 # 255339

Invoice Date: 12/13/2012 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-36
39038
8-24-16
12-12-2012
KS

Table with 5 columns: Part Number, Description, Qty, Unit Price, Total. Includes items like 50/50 POZ CEMENT MIX, PREMIUM GEL / BENTONITE, PHENOSEAL (M) 40# BAG, 2 1/2" RUBBER PLUG, 80 BBL VACUUM TRUCK (CEMENT), CEMENT PUMP, EQUIPMENT MILEAGE (ONE WAY), CASING FOOTAGE, TON MILEAGE DELIVERY.

Summary table with 5 columns: Parts, Labor, Sublt, Freight, Misc, Supplies, Tax, Total, Change. Total amount: 4066.85.

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39038

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/12/02	8507	Glades V-36	SE 8	24	16	NO
CUSTOMER Viva International			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 8357 Melrose Dr			1506	Fred Mad	Safety	Mxg
CITY Hemka	STATE KS	ZIP CODE 66214	495	Har Bec	NB	J
			370	Kei Car	KC	
			593	Dan Det	DD	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1080 CASING SIZE & WEIGHT 2 7/8 E.U.F
 CASING DEPTH 1073 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.24 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix Pump 100# Gel Flush. Mix
+ Pump 152 SKS 50/50 Poz Mix Cement 2% Gel 1/2# Pheno Seal/sk
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 800# PSI. Release
pressure to set float valve. Shut in casing

Fred Maden

Steve Let's Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	60 mi	MILEAGE	495	240 ⁰⁰
5402	1073	Casing footage		N/C
5407A	392.16	Ton Miles		525 ⁴⁹
5502C	3 hrs	80 BBL Vac Truck		270 ⁰⁰
1124	152 SKS	50/50 Poz Mix Cement		1664 ⁹⁰
1118B	356#	Premium Gel		74 ⁷⁶
1107A	76#	Pheno Seal		98 ⁰⁹
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				136 ¹⁶
				4066 ⁸⁵

Completed

Ravin 3737

AUTHORIZATION

Steve Let's

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

12/22/02



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 54821
FIELD TICKET REF # 48173
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21-13		Glades III V-36				WO
CUSTOMER Viva International						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

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

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <i>2 7/8 8EUE</i>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
988-96 (17)	Squirrel
1032-38 (13)	

TYPE OF TREATMENT
Acid spot + frac w/ acid OTF

CHEMICALS
*KELSUB - Biocide - Breaker
Acid inhibitor - Stimol*

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1175
16-30				100#		START PRESSURE
12-20				900		END PRESSURE
8-12				500#		BALL OFF PRESS
Ballsealers (8)		20				ROCK SALT PRESS
12-20						ISIP 650
12-20				500#		5 MIN
Ballsealers (4)		20-15				10 MIN
12-20		15		1,000#		15 MIN
8-12		15		500#		MIN RATE
FLUSH CASING	10	15				MAX RATE
Release balls to TD x2			TOTAL	3,500#		DISPLACEMENT 6.1
OVERFLUSH	10	15-20	SAND			
TOTAL BBL'S	140					

REMARKS:
*Spot 100 gal -15% HCL acid
Blend 100 gal raw HCL acid OTF
Location 12:00PM - 12:30PM 50 miles
AUTHORIZATION *Ken Ogilvie* TITLE *Spot* DATE *1-21-13**