

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1159253

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil         WSW         SWD         SIOW           Gas         D&A         ENHR         SIGW           OG         GSW         Temp. Abd.           CM (Coal Bed Methane)         Cathodic         Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled         Permit #:	Operator Name:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

#### **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:

Side Two



Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Take		☐ Yes ☐ No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used ermediate, producti	on, 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose:  —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used Type and			Percent Additives	
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	RATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	_		PRODUCTIO	ON INTERVAL:
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		

## **Hodown Drilling**

INVOICE

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

**DATE:** April 3, 2013 **INVOICE #** 

FOR:

V-38

#### **BILL TO:**

Viva International, Inc 8357 Melrose Dr. Lenexa, KS 66214

DESCRIPTION	Quanity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)	40	included	
drilled 1097', (5 7/8" hole)		6.50	7,130.50
run long string		included	
8 sacks cement	8.00	13.00	104.00
dig drill pits	1.00	150.00	150.00
		₩	
		SUBTOTAL	\$ 7,384.50
		TAX RATE	
		SALES TAX	
		OTHER	
		TOTAL	\$ 7,384.50

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

# 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 Date: 03/18/2013 Terms: 0/0/30,n/30 Page

VIVA INTERNATIONAL INC.

ATTN: ROBERT 8357 MELROSE DRIVE LENEXA KS 66214

(913)859-0438

GLADES 3 #V-38

38670 9-24-16 03-15-2013

KS

	Number Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	147.00	10.9500	1609.65
1118B	PREMIUM GEL / BENTONITE	347.00	.2100	72.87
1107	FLO-SEAL (25#)	37.00	2.3500	86.95
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
				7.07
	Description	Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
495	CASING FOOTAGE	1086.00	.00	.00
558	TON MILEAGE DELIVERY	379.26	1.34	508.21

Parts: 1797.47 Freight: .00 Tax: 131.21 AR 3976.89

Labor: .00 Misc: .00 Total: 3976.89
Sublt: .00 Supplies: .00 Change: .00

Signed\_\_\_\_\_\_ Date\_\_\_\_\_



TICKET NUMBER LOCATION O + Haya KS FOREMAN Fred Made

Ravin 3737

AUTHORIZTION\_

## FIFI D TICKET & TREATMENT RI

	or 800-467-8676		CED HOREI de	CEMENT		ORI		
DATE	CUSTOMER#	WE	LL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
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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

TITLE

WEST

7.3%

SALES TAX ESTIMATED TOTAL



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

5It well

FOREMAN Shorts Parky

## TREATMENT REPORT

DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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