



KANSAS CORPORATION COMMISSION 1159253  
OIL & GAS CONSERVATION DIVISION

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 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: \_\_\_\_\_



1159253

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

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

**FOR:** V-38

DESCRIPTION	Quantity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)		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			
<b>TOTAL</b>			<b>\$ 7,384.50</b>

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 # 257422

Invoice Date: 03/18/2013 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 3 #V-38  
38670  
9-24-16  
03-15-2013  
KS

Part 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
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 \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

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

5th well

TICKET NUMBER 55103  
FIELD TICKET REF # 48313  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-13		Glades III V-38				WO
CUSTOMER		Viva International				
MAILING ADDRESS						
CITY	STATE	ZIP CODE				
TRUCK #	DRIVER	TRUCK #	DRIVER			
476	Josh					
490	Don					
478	Joe					
521	Eric					
424	Wes					

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1048-58 (21) Squirrel</u>	

**TYPE OF TREATMENT**  
Acid spot + Frac w/ acid OTF

**CHEMICALS**

<u>KLSUB Biocide - Breaker</u>
<u>Acid-inhibitor - Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAID</u>	<u>20</u>	<u>20</u>				BREAKDOWN <u>1300</u>
<u>16-30</u>		<u>20</u>		<u>100#</u>		START PRESSURE
<u>12-20</u>				<u>900#</u>		END PRESSURE
<u>8-12</u>				<u>500#</u>		BALL OFF PRESS
<u>Balls (5) (3) BIO BALLS</u>		<u>20-18</u>				ROCK SALT PRESS
<u>12-20 (5) (3) (5)</u>		<u>17</u>				ISIP <u>600</u>
<u>12-20</u>		<u>17</u>		<u>500#</u>		5 MIN
<u>8-12</u>						10 MIN
<u>8-12</u>		<u>19</u>		<u>500#</u>		15 MIN
<u>FLUSH CASING</u>	<u>10</u>	<u>19</u>				MIN RATE
<u>Release balls to T.D. X 2</u>			<u>TOTAL</u>	<u>2,500#</u>		MAX RATE
<u>OVERFLUSH</u>	<u>10</u>	<u>20</u>	<u>SAND</u>			DISPLACEMENT <u>6.2</u>
<u>TOTAL BBL'S</u>	<u>123</u>					

REMARKS:

Spotted 100 gal - 15% HCL acid on perfs loaded (8)

Blend 50 gal raw HCL acid OTF BIO BALLS

location 1:15PM - 1:45PM used (5)

50 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 4-22-13

Terms and Conditions are printed on reverse side.