



**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: \_\_\_\_\_



1159257

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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-40

DESCRIPTION	Quantity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)		included	
drilled 1100', (5 7/8" hole)		6.50	7,150.00
run long string		included	
8 sacks cement	8.00	13.00	104.00
dig drill pits	1.00	150.00	150.00
SUBTOTAL			\$ 7,404.00
TAX RATE			
SALES TAX			-
OTHER			
<b>TOTAL</b>			<b>\$ 7,404.00</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 # 257369

Invoice Date: 03/18/2013 Terms: 0/0/30,n/30

Page 1

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

GLADES 3 #V-40  
38840  
9-24-16  
03-14-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	10.9500	1642.50
1118B	PREMIUM GEL / BENTONITE	352.00	.2100	73.92
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1107	FLO-SEAL (25#)	38.00	2.3500	89.30

  

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
503 TON MILEAGE DELIVERY	378.00	1.34	506.52
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
666 CASING FOOTAGE	1090.00	.00	.00

Parts: 1833.72 Freight: .00 Tax: 133.86 AR 4014.10  
 Labor: .00 Misc: .00 Total: 4014.10  
 Sublt: .00 Supplies: .00 Change: .00

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



**CONSOLIDATED**  
Oil Well Services, LLC

257369

TICKET NUMBER 38840  
LOCATION Ottawa, KS  
FOREMAN Cassey Kennedy

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
3/14/13	8507	Glades 3 # V-40	NW 9	24	16	WO

CUSTOMER <u>Viva International</u>		
MAILING ADDRESS <u>8357 Melrose Dr</u>		
CITY <u>Lenexa</u>	STATE <u>KS</u>	ZIP CODE <u>66214</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	✓	Safety Meeting
6666	Gar Mas	✓	
503	Dan Det	✓	
369	Der Mas	✓	

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1100'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>1090'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6.31 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 100# Premium Gel followed by 10 bbls fresh water, mixed + pumped 150 sks 50/50 Pozmix cement w/ 270 gal + 1/4 # Flo Seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.31 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	600 mi	MILEAGE		240.00
5402	1090'	casing footage		<del>2000.00</del>
5407A	378	ton mileage		506.52
5502C	3 hrs	80 Vac		270.00
1124	150 sks	50/50 Pozmix cement		1642.50
1118B	352 #	Premium Gel		73.92
4402	1	2 1/2" rubber plug		28.00
1107	38 #	Flo Seal		89.30
			7.3%	SALES TAX
				ESTIMATED TOTAL
				133.86
				4614.10

*[Stamp: completed]*

AUTHORIZATION *[Signature]* 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.



**CONSOLIDATED**  
Oil Well Services, LLC

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

6<sup>TH</sup> well

TICKET NUMBER 55104  
FIELD TICKET REF # 48313  
LOCATION Thayer  
FOREMAN Robert Burby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-13		Glades III #V-40				WO
CUSTOMER		Viva International				
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	489T119	Dwayne
490	Don		
478	Joe		
521	Eric		
424	Wes		
679T102	Junior		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1002-09 (15)</u>	<u>(20) Squirrel (5)</u>
<u>1050-60 (21)</u>	

**TYPE OF TREATMENT**  
Acid spot 4 Frac

**CHEMICALS**

<u>KCL SUB - Biocide - Breaker</u>
<u>Acid-inhibitor - Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	<u>20</u>	<u>20</u>				BREAKDOWN <u>1150</u>
<u>16-30</u>		<u>20</u>		<u>100#</u>		START PRESSURE
<u>12-20</u>				<u>1650#</u>		END PRESSURE
<u>12-20</u>				<u>500#</u>		BALL OFF PRESS
<u>8-12</u>	<u>(12)</u>	<u>20-18</u>				ROCK SALT PRESS
<u>Balls (12) + (3)</u>	<u>Bioballs</u>	<u>18-15</u>				ISIP <u>600</u>
<u>12-20</u>	<u>(15)</u>	<u>15</u>		<u>↓</u>		5 MIN
<u>12-20</u>		<u>15</u>		<u>1500#</u>		10 MIN
<u>8-12</u>		<u>15</u>		<u>500#</u>		15 MIN
<u>FLUSH CASING 5-10</u>	<u>10</u>	<u>16</u>				MIN RATE
<u>Release balls to T.D. x 2</u>			<u>TOTAL</u>	<u>4,250#</u>		MAX RATE
<u>OVERFLUSH 10</u>	<u>10</u>	<u>20</u>	<u>SAND</u>			DISPLACEMENT <u>6.2</u>
<u>TOTAL BBL'S 150</u>						

REMARKS:

Spotted 100 gal - 15% HCL acid on perfs loaded (20) bioballs

Blend 100 gal - raw HCL acid ATF used (15)

location 1:45 PM - 2:30 PM 50 miles

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

Terms and Conditions are printed on reverse side.