



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: _____



1159258

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	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-41

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			
TOTAL			\$ 7,404.00

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 # 257521

Invoice Date: 03/25/2013 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-41
38680
9-24-16
03-20-2013
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
1107	FLO-SEAL (25#)	43.00	2.3500	101.05
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
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
495	CASING FOOTAGE	1090.00	.00	.00
558	TON MILEAGE DELIVERY	387.00	1.34	518.58

Parts:	1845.47	Freight:	.00	Tax:	134.72	AR	4038.77
Labor:	.00	Misc:	.00	Total:	4038.77		
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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

257521

TICKET NUMBER 38680

LOCATION Ottawa KS

FOREMAN Fred Maden

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
3/20/13	8507	Glades 3 # V 41	nw 9	24	16	WO

CUSTOMER
Viva International Inc
MAILING ADDRESS
8357 Melrose Dr
CITY
Lenexa STATE
KS ZIP CODE
66214

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safe by M	
495	Har Boc	HB	
370	Jas Ric	JR	
558	Brian Man	BM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1098 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1090 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 6.34 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 BPM

REMARKS: Hold crew meeting. Establish circulation. Mix & Pump 100# Gel
Flush. Mix & Pump 150 sks 50/50 Poz Mix Cement 2% Gel 44#
Fla 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

Steve Leis Drilling.

Fred Maden

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	1090	Casing footage		N/C
5407A	387	Tom Miles	558	518 ⁵⁸
5502C	3 hrs	80 BBL vac truck	370	270 ⁰⁰
1124	150 sks	50/50 Poz Mix Cement		1642 ⁵⁰
1115B	352#	Premium Gel		73 ⁹²
1107	43#	Fla Seal		101 ⁰⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL

Completed

Ravin 3737

AUTHORIZATION *L. West*

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

* note: began using bio-balls for better hole cleanup after 3RD well frac

TICKET NUMBER 55101
FIELD TICKET REF # 48313
LOCATION Thayer
FOREMAN Shett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-13		Glades III V-41				WO

CUSTOMER
Viva International

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
478	Joe		
521	Eric		
924	Wes		
619791	George		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1052-68 (35) Squirrel</u>	

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS

Kensub-Bioside - Breaker
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			
16-30		20			BREAKDOWN 1225
12-20				100#	START PRESSURE
12-20				1400#	END PRESSURE
8-12				500#	BALL OFF PRESS
Balls (10) + (7) BIO-BALLS					ROCK SALT PRESS
12-20 * (3) = (20)		20-19			ISIP 600
12-20		19		1,500#	5 MIN
8-12		20			10 MIN
8-12				500#	15 MIN
FLUSH CASING	10	20			MIN RATE
Release balls to T.D.			TOTAL	4,000#	MAX RATE
OVERFLUSH	10	20	SAND		DISPLACEMENT 6.2
TOTAL BBL'S	130				

REMARKS:
Spotted 100 gal - 15% HCL acid on perfs
Blend 50 gal raw HCL acid OTF

Location 12:00PM - 12:30PM 50 miles

AUTHORIZATION Tom Wheat TITLE _____ DATE 4-22-13

Terms and Conditions are printed on reverse side.