

Kansas Corporation Commission Oil & Gas Conservation Division

1159264

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

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R 🔲 East 🗌 West
Contact Person:	Address 2:	Feet from North / South Line of Section
NR	City:	Feet from _ East / _ West Line of Section
CONTRACTOR: License # County: Name: Wellsite Geologist: Purchaser: Posignate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG Gas D&A ENHR SIGW OG GSW Temp. Abd. If yes, show depth set: Feet If Workover/Re-entry: Old Well Info as follows: If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt. Depending Comp. Date: Original Total Depth: W////> Conv. to GSW Devatering method used: Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Lease Name: License #: Quarter Sec. Twp. S. R. East West County: Permit #: County: Permit #: Permit #: County: Permit #: County: Permit #: County: Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□NE □NW □SE □SW
Wellsite Geologist:	CONTRACTOR: License #	County:
Purchaser:	Name:	Lease Name: Well #:
Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to GSW Plug Back: Plu	Wellsite Geologist:	Field Name:
New Well	Purchaser:	Producing Formation:
New Well	Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
Oil		, ,
Well Name:	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?
Well Name:Original Total Depth:	Operator:	
Original Comp. Date: Original Total Depth: bbls 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 #: GSW Permit #: Original Total Depth: bbls Chloride content: ppm Fluid volume: bbls Dewatering method used: bewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West County: Permit #:	Well Name:	
GSW Permit #: County: Permit #:	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 #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #:
	Spud Date or Date Reached TD Completion Date or	

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

1159264

Operator Name:			Lease Name	e:			Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clor recovery, and flow rate	sed, flowing and shut-	base of formations per in pressures, whether s i, along with final chart(vell site report.	hut-in pressure	reached sta	atic level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taken (Attach Additional S		☐ Yes ☐ No		Log	Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geol	logical Survev	Yes No	1	Name			Тор	Datum	
Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)									
List All E. Logs Run:									
		CASING Report all strings set-	RECORD		Used te. production	on, etc.			
Purpose of String	Size Hole	Size Casing	Weight	Se	etting	Type of Cement	# Sacks	Type and Percent Additives	
	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives	
		ADDITIONAL	CEMENTING /	SQUEEZE I	RECORD				
Purpose: Depth Typ		Type of Cement	of Cement # Sacks Used			Type and Percent Additives			
Protect Casing Plug Back TD									
Plug Off Zone									
Shots Per Foot	PERFORATIOI Specify Fo	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated			ture, Shot, Cement Count and Kind of Ma	Cement Squeeze Record d of Material Used) Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner	Dun:				
TOBING RECORD.	Size.	Get At.	racket At.	Linei	_	Yes No			
Date of First, Resumed	Production, SWD or ENH	R. Producing Met	hod:	Gas Lift	t 🗌 0	ther (Explain)			
Estimated Production Per 24 Hours	Mcf	Water	Bk	ols. (Gas-Oil Ratio	Gravity			
DISPOSITIO			METHOD OF CO.	ADI ETIONI			DRODUCTIO	MINITEDVAL.	
Vented Sold	ON OF GAS: Used on Lease	Open Hole	METHOD OF CON \Box Perf. \Box D	ually Comp.	Com	nmingled	FRUDUCIIC	N INTERVAL:	
(If vented, Sub		Other (Specify)		bmit ACO-5)		nit ACO-4)			

Hodown Drilling

INVOICE

7,339.00

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-44

DESCRIPTION	Quanity	RATE	AMOUNT
set 40' of 7" surface casing (8 sacks of cement)		included	
drilled 1090', (5 7/8" hole)		6.50	7,085.00
run long string		included	,,,,,,
8 sacks cement	8.00	13.00	104.00
dig drill pits	1.00	150.00	150.00
×		SUBTOTAL	\$ 7,339.00
		TAX RATE	
	;	SALES TAX	-
		OTHER	

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 Invoice # 257322

Invoice Date: 03/14/2013 Terms: 0/0/30,n/30 Page ------

VIVA INTERNATIONAL INC. ATTN: ROBERT

80 BBL VACUUM TRUCK (CEMENT)

8357 MELROSE DRIVE LENEXA KS 66214 (913)859-0438

GLADES 3- V-44 38658 9-24-16 03-12-2013 KS

3.00

90.00

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 495 CEMENT PUMP 1.00 1030.00 1030.00 495 EQUIPMENT MILEAGE (ONE WAY) 60.00 4.00 240.00 495 CASING FOOTAGE 1080.00 .00 .00 503 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

675

Date

270.00



257322

LOCATION OF TAWA KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT

DATE				CEME	TV				
DATE	CUSTOMER#	WEL	L NAME & NU	JMBER	SECT	ION	TOWNSHIP	RANGE	COUNTY
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THORIZTION_	70-	West		TITLE				DATE	3776

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.



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

15Twel

FOREMAN About Abundan

TREATMENT REPORT

DATE	CUSTOMER#	WEL	L NAME & NUN	MBER	SECTION	TOWNSHIP	T BANGE	200
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Viva	Interr	etional		Company of the				BOARD SHOWL GET
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Terms and Cond	litions are pri	nted on rever	rse side.				en so evoluções	mub vae