



KANSAS CORPORATION COMMISSION 1066732
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 # 5556
Name: Viva International, Inc.
Address 1: 8357 MELROSE DR
Address 2: _____
City: LENEXA State: KS Zip: 66214 + 1629
Contact Person: ROBERT P BUKATY
Phone: (913) 859-0438
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: KEN OGLE
Purchaser: CVR ENERGY

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 #: _____

<u>05/04/2011</u>	<u>05/05/2011</u>	<u>06/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27690-00-00
Spot Description: _____
NW SE NE NE Sec. 9 Twp. 24 S. R. 16 East West
4455 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: GLADES Well #: V-18
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: 1061 Kelly Bushing: 1066
Total Depth: 1082 Plug Back Total Depth: 1078
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1078
feet depth to: 0 w/ 125 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
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: Deanna Garrico Date: 11/07/2011



1066732

Operator Name: Viva International, Inc. Lease Name: GLADES Well #: V-18
 Sec. 9 Twp. 24 S. R. 16 East West County: Woodson

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GAMMA RAY NEUTRON LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SQUIRREL (LOWER)</td> <td>1029</td> <td>1042</td> </tr> </table>	Name	Top	Datum	SQUIRREL (LOWER)	1029	1042
Name	Top	Datum					
SQUIRREL (LOWER)	1029	1042					

CASING RECORD <input checked="" 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
SURFACE	10.25	8.625	24	40	PORTLAND	10	
PRODUCTION	5.875	2.875	6.5	1078	50/50 POZ MIX	125	2% GEL

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
2	19 SHOTS (1031-1040)	SPOT 125 GAL HCL TO PERFS BREAK AT 1050	
		SAND 100# 20/40 700# 12/20 500# 8/12	
		TREATING psi 1100-1200-1400 isip 300	

TUBING RECORD: Size: <u>1</u> Set At: <u>1018</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>06/22/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 1.0	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 checked="" 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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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

~~Glades # V-184~~
 API # 15-207-27690-00-00
 SPUD DATE 5-4-11

Footage	Formation	Thickness	Set 40' of 8 5/8"
2	Topsoil	2	TD 1082'
26	clay	24	Ran 1078' of 2 7/8
36	sand	10	
183	shale	147	
230	lime	47	
246	shale	16	
416	lime	170	
430	shale	14	
459	lime	29	
510	shale	51	
589	lime	79	
594	black shale	5	
613	lime	19	
617	shale	4	
642	lime	25	
803	shale	161	
811	lime	8	
829	shale	18	
835	lime	6	
899	shale	64	
901	lime	2	
930	shale	29	
933	lime	3	
949	shale	16	
956	lime	7	
968	shale	12	
972	lime	4	
1027	shale	55	slight odor
1035	sand	8	good bleed + odor
1082	shale	47	



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 # 241257

Invoice Date: 05/11/2011 Terms: 0/0/30,n/30

Page 1

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

~~GLADESVILLE~~
31918
NE 9-24-16 WO
05/05/2011
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	125.00	17.9000	2237.50
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1107A	PHENOSEAL (M) 40# BAG)	63.00	1.2200	76.86
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

	Description	Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495	CEMENT PUMP	1.00	975.00	975.00
495	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
495	CASING FOOTAGE	1078.00	.00	.00
548	TON MILEAGE DELIVERY	354.06	1.26	446.12

Parts: 2362.36 Freight: .00 Tax: 172.45 AR 4135.93
Labor: .00 Misc: .00 Total: 4135.93
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
ON Well Services, LLC

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

TICKET NUMBER 31918
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/5/11	R507	Gladys # 118	N 9	24	16	W20
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Viva International			506	Fred	Safety	WJ
MAILING ADDRESS			495	Casay	CK	
8357 Melrose Ave			370	Alex	ARM	
CITY	STATE	ZIP CODE	548	Tim	TAW	
Kansas City	KS	66214				

JOB TYPE Log Study HOLE SIZE 5 7/8 HOLE DEPTH 1082 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 10780 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2 Plug
 DISPLACEMENT 6.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 PM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush.
 Mix Pump 125 sks OWC w/ 1/2# Pheno Seal/sk. Cement to
 Surface Flush pump + has clean. Displace 2 1/2" Rubber plug
 to casing TD w/ 6.27 BBL Fresh water. Pressure to 700 PSI
 Release pressure to set float valve. Shut in casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5402	20	MILEAGE Truck on lease		N/C
5402	1078	Casing footage		N/C
5407A	354.06	Tom Miles		446 ¹²
5307C	2 hrs	80 BBL Vac Truck		190 ⁰⁰
		<u>OWC</u>		
1126	125 sks	50/50 for Mix Cement		2237 ⁵⁰
118B	100#	Premium Gel		20 ⁰⁰
1107A	.63#	Pheno Seal		76 ⁸⁶
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		<u>W/O # 241257</u>		
			SALES TAX	172 ⁹³
			ESTIMATED TOTAL	4135 ⁹³

Form 3737

AUTHORIZATION Tim 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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

032
MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241831

Invoice Date: 06/13/2011 Terms: 0/0/30,n/30

Page 1

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

~~GLADES VALVE~~ & V-19
45108
6-6-11
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	250.00	1.7000	425.00
1278	30% HCL	300.00	3.5000	1050.00
1202	ACID INHIBITOR	1.50	46.0000	69.00
1219B	STIMOIL FBA	2.50	40.0000	100.00
1268	CITY WATER	6000.00	.0156	93.60
1268	CITY WATER	6000.00	.0156	93.60
1231	FRAC GEL	200.00	5.2000	1040.00
1215	KCL SUB MB6875 CC3107	10.00	36.5000	365.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	187.0000	93.50
2101A	20-40 BROWN SAND	200.00	.2600	52.00
2102	12/20 BROWN SAND	1400.00	.2700	378.00
2103	8-12 BROWN SAND	1000.00	.2800	280.00

Description	Hours	Unit Price	Total
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MISC. PUMP (ACID TRUCK)	1.00	200.00	200.00
424 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
424 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
VALVE FRAC VALVES (2" OR 3")	2.00	100.00	200.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2450.00	2450.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2450.00	2450.00
T-95 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
478 PROPANT DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00
T-103 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00



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INVOICE Invoice # 241831

Invoice Date: 06/13/2011 Terms: 0/0/30,n/30 Page 2

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

~~GLADES V-18~~ & V-19
45108
6-6-11
KS

	Description	Hours	Unit Price	Total
582	MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582	MILEAGE CHARGE (ONE WAY)	50.00	4.00	200.00

=====
Parts: 4219.70 Freight: .00 Tax: 13.66 AR 12270.36
Labor: .00 Misc: .00 Total: 12270.36
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7864 GILLETTE, WY 307/886-4914 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 WORLAND, WY 307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS: 66720
620-491-9210 or 800-467-8676

15th well

TICKET NUMBER 52425
FIELD TICKET REF # 45108
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																																																															
6-6-11		Stades 1-18				WO																																																															
<table border="1"> <tr> <td colspan="4">CUSTOMER</td> <td colspan="3">* Safety meeting attendees</td> </tr> <tr> <td colspan="4">Viva International</td> <td>TRUCK #</td> <td>DRIVER</td> <td>TRUCK #</td> <td>DRIVER</td> </tr> <tr> <td colspan="4">MAILING ADDRESS</td> <td>476</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td colspan="4">CITY</td> <td>490</td> <td>Donnie</td> <td></td> <td></td> </tr> <tr> <td colspan="4">STATE</td> <td>478</td> <td>Tim</td> <td></td> <td></td> </tr> <tr> <td colspan="4">ZIP CODE</td> <td>582</td> <td>Wes</td> <td>N/A</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>424</td> <td>Eric</td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td>489T103</td> <td>George</td> <td>GWT</td> <td></td> </tr> </table>							CUSTOMER				* Safety meeting attendees			Viva International				TRUCK #	DRIVER	TRUCK #	DRIVER	MAILING ADDRESS				476	Josh			CITY				490	Donnie			STATE				478	Tim			ZIP CODE				582	Wes	N/A						424	Eric							489T103	George	GWT	
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WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/8 SEUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1035-43 (1) Squirrel	

TYPE OF TREATMENT

Acid spot + Frac

CHEMICALS

KELSUB Biocida + Breaker
Acid-inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	15	2.1			1050	BREAKDOWN
20-40		2.1	15/10	100#	1100	START PRESSURE
12-20			1.0			END PRESSURE
12-20			1.5			BALL OFF PRESS
12-20			2.0	700#	1200	ROCK SALT PRESS
8-12			1.5			ISIP 300
8-12			2.0	500#		5 MIN
FLUSH CASING	8	2.1			1400	10 MIN
OVERFLUSH	8	2.1			1100	15 MIN
TOTAL BBL'S	68					MIN RATE
						MAX RATE
			TOTAL SAND	1,300#		DISPLACEMENT 6.1

REMARKS: held safety meeting
spotted 125 gal 15% HCL acid

Location 3:30 PM - 4:00 PM 50 miles
AUTHORIZATION [Signature] TITLE _____ DATE 6-6-11

Terms and Conditions are printed on reverse side.