



KANSAS CORPORATION COMMISSION 1066749
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 #: _____

05/05/2011	05/06/2011	06/06/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27691-00-00
Spot Description: _____
SE NW NE NE Sec. 9 Twp. 24 S. R. 16 East West
4785 Feet from North / South Line of Section
825 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-19
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: 1061 Kelly Bushing: 1066
Total Depth: 1086 Plug Back Total Depth: 1080
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1080
feet depth to: 0 w/ 129 ex 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 Garrison Date: 11/07/2011



1066749

Operator Name: Viva International, Inc. Lease Name: GLADES Well #: V-19
 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	<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>1031</td> <td>1046</td> </tr> </table>	Name	Top	Datum	SQUIRREL (LOWER)	1031	1046
Name	Top	Datum					
SQUIRREL (LOWER)	1031	1046					

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	42	PORTLAND	10	
PRODUCTION	5.875	2.875	6.5	1080	OWC CEMENT	129	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	20 SHOTS (1033-1043)	SPOT 125 GAL 15% HCL BREAK AT 2800	
		TREATING psi 1600-1700-1400 isip 350	
		SAND 100# 20/40 700# 12/20 500# 8/12	

TUBING RECORD:	Size: <u>1</u>	Set At: <u>1020</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. <u>1.0</u>	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-19

API # 15-207-27691-00-00
SPUD DATE 5-5-11

Footage	Formation	Thickness	Set 42' of 8 5/8"
2	Topsoil	2	TD 1086'
24	clay	22	Ran 1078' of 2 7/8
34	sandstone	10	
181	shale	147	
209	lime	28	
214	shale	5	
235	lime	21	
255	shale	20	
431	lime	176	
439	shale	8	
469	lime	30	
477	shale	8	
499	lime	22	
518	shale	19	
592	lime	74	
597	shale	5	
612	lime	15	
617	shale	5	
642	lime	25	
806	shale	164	
824	lime	18	
832	shale	8	
840	lime	8	
903	shale	63	
916	lime	13	
934	shale	18	
937	lime	3	
969	shale	32	
974	lime	5	
1030	shale	56	
1036	sand	6	
1086	shale	50	



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 # 241268

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

Page 1

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

GLADES V-19
31871
NE 9-24-16 WO
05/06/2011
KS

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	65.00	1.2200	79.30
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1126	OIL WELL CEMENT	129.00	17.9000	2309.10
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
368 CASING FOOTAGE	1080.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
510 TON MILEAGE DELIVERY	365.39	1.26	460.39

Parts: 2436.40 Freight: .00 Tax: 177.85 AR 4539.64
Labor: .00 Misc: .00 Total: 4539.64
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

EUREKA, KS
620/583-7684

GILLETTE, WY
307/688-4914

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

API 15-207-27691-00-00

TICKET NUMBER 31871
LOCATION Off well
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-6-11	8507	Glades U-19	NE 1	24	16	WJ	
CUSTOMER Viva International			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS 8357 Melrose Dr			516	Alon M	Safety Meet		
CITY STATE ZIP CODE Lenexa KS 66218			368	Kurt H	KH		
			370	Artem M	AM		
			510	Cecil P	CHP		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	1086	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	1080	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	6 1/4	DISPLACEMENT PSI	800	MIX PSI	200	RATE	5 bpm
REMARKS: Held crew meeting. Mixed & pumped 100 # gel to flush hole followed by 129 sk DWL plus 4 1/2 # Phenoseal for sk. Circulated cement. Flashed pump. Pumped plus to casing TD. Well yield 600 PSI. Set float. Closed valve.							

HAT Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	35	MILEAGE		220.00
5402	1080	Casing footage		
5407A	365.39	ton miles		460.39
5502C	3	80 v gal.		270.00
1107A	65 #	Phenoseal		79.30
1118B	100 #	gel		20.00
1126	129 SK	DWL		2309.10
4402	1	2 1/2 plus		28.00
				WDA 241268
SALES TAX				177.85
ESTIMATED TOTAL				4539.64

Rev'n 3737

AUTHORIZATION Lin 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

OSR
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
LENEKA KS 66214
(913) 859-0438

~~GLADES~~ V-18 ~~EV-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-E5A 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

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
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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
316/322-7022

EUREKA, KS
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620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

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

A/A

2nd

TICKET NUMBER 52426
FIELD TICKET REF # 45108
LOCATION Thayer
FOREMAN Brian Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-11		Clades 779				WO
CUSTOMER Viva International						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
Josh 476	SRM		
Donnie 490	DC		
Tim 488			
Wes 582	N/A		
Eric 424			
Tramps 618 T95			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 ZUC	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1033-40 (17) Squirrel	

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS
Kalsub-Bioside-Breaker
Acid-inhibitor-Stimul

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PPD	15	21			1600	BREAKDOWN 2800
20-40		21	15-10	100#		START PRESSURE
12-20		21	10			END PRESSURE
12-20		1	15			BALL OFF PRESS
12-20			20	700#	1700	ROCK SALT PRESS
2-12			2.0			ISIP 350
2-12			2.0	500#	1400	5 MIN
						10 MIN
						15 MIN
FLUSH CASING	8	21				MIN RATE
OVERFLUSH	8	21			1500	MAX RATE
TOTAL BBL'S	72		TOTAL SAND	1300#		DISPLACEMENT 6.1

REMARKS:
spotted 125 gal - 15% HCL acid on perfs

Location 4:00R - 4:45PM 50 miles
AUTHORIZATION [Signature] TITLE _____ DATE 6-6-11

Terms and Conditions are printed on reverse side.