



KANSAS CORPORATION COMMISSION 1095215  
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 #: \_\_\_\_\_  
10/14/2011    10/18/2011    11/14/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-003-25205-00-00  
Spot Description: \_\_\_\_\_  
SW SE NE NE Sec. 31 Twp. 22 S. R. 19  East  West  
4152 Feet from  North /  South Line of Section  
348 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Anderson  
Lease Name: DONLEY Well #: 3-V  
Field Name: \_\_\_\_\_  
Producing Formation: SQUIRREL  
Elevation: Ground: 1113 Kelly Bushing: 1118  
Total Depth: 912 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 905 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: 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 Gerriso Date: 10/08/2012



1095215

Operator Name: Viva International, Inc. Lease Name: DONLEY Well #: 3-V  
 Sec. 31 Twp 22 S. R. 19  East  West County: Anderson

**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 checked="" type="checkbox"/> Yes <input 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:  <b>CORNISH GAMMA RAY NEUTRON</b>	<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</td> <td>826</td> <td>862</td> </tr> </table>	Name	Top	Datum	SQUIRREL	826	862
Name	Top	Datum					
SQUIRREL	826	862					

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	11	7	20	42	PORTLAND	12	
CASING	5.875	2.875	6.5	905	OWC	101	2% GEL

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 (Amount and Kind of Material Used)	Depth
2	3 SHOTS 835-836	SPOT 175 GAL 15% HCL BREAK AT 700	
1	10 SHOTS 856-865	TREATING PSI 1200 7 BALLS	
		1200-2000 200# 20/40 1100# 12/20	
		ISIP 200	

TUBING RECORD: Size: <u>1"</u> Set At: <u>842</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/22/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>TESTED WAITING FOR ENHR</u>	
Estimated Production Per 24 Hours	Oil Bbls.	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

0322

**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 # 245218

Invoice Date: 10/25/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY 3-V  
32963  
NE 31 22 19 AN  
10/18/11  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	101.00	17.9000	1807.90
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1107	FLO-SEAL (25#)	25.00	2.2200	55.50
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)	40.00	4.00	160.00
368	CASING FOOTAGE	905.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
558	MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1911.40 Freight: .00 Tax: 149.09 AR 3795.49  
Labor: .00 Misc: .00 Total: 3795.49  
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  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32963

LOCATION Ottawa

FOREMAN Alan Mader

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
10-18-11	8507	Donley 3-V	NE 31	22	19	AN
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
			<u>516</u>	<u>Alan M</u>	<u>Safety</u>	<u>meet</u>
			<u>368</u>	<u>Arlean</u>	<u>ARM</u>	
			<u>370</u>	<u>Gary M</u>	<u>GM</u>	
			<u>558</u>	<u>Derrick</u>	<u>DM</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 912' CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 905 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 101 gal DWG plus 1/2" flo-seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

West Big Rig

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		976.00	
5406	40	MILEAGE		160.00	
5402	905	casing footage		—	
5407	mi	ten miles		330.00	
55026	3	80 van		270.00	
1186	10155	DWG		1867.90	
1183	100#	gel		20.00	
1107	25#	1/2 seal		55.50	
4402	1	2 1/2 plug		28.00	
				SALES TAX	149.09
				ESTIMATED TOTAL	3795.49

2/15/218

Revin 3737

AUTHORIZATION Alan Ogle

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

0322

**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 # **246084**

Invoice Date: 11/28/2011 Terms: 0/0/30,n/30

Page **1**

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

DONLEY V-2,V-3,1-11,V-10  
45207  
32-22S-14E  
11-21-11  
KS

Part Number	Description	Qty	Unit Price	Total
1202	ACID INHIBITOR	1.00	46.0000	46.00
1219B	STIMOIL FBA	2.00	55.0000	110.00
1275	15% HCL	300.00	2.4000	720.00
1268	CITY WATER	10920.00	.0156	170.35
1231	FRAC GEL	200.00	6.0000	1200.00
1215A	KCL (1/1000)	12.00	36.5000	438.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	1.00	187.0000	187.00
4326	7/8" RUBBER BALL SEALERS	51.00	3.0000	153.00
2101	20/40 BROWN SAND	800.00	.2500	200.00
2102	12/20 BROWN SAND	3900.00	.2700	1053.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	4.00	100.00	400.00
BALLI BALL INJECTOR	4.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	4.00	1250.00	5000.00
476 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
482 MIN. BULK DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
T-102 WATER TRANSPORT	10.00	112.00	1120.00
582 MINIMUM ACID SPOTTING CHARGE	4.00	375.00	1500.00
582 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00

=====  
Parts: 4457.35 Freight: .00 Tax: 25.22 AR 13297.57  
Labor: .00 Misc: .00 Total: 13297.57  
Sublt: .00 Supplies: .00 Change: .00  
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Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
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785/672-2227

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785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



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

2ND  
NELL

TICKET NUMBER 56172  
FIELD TICKET REF # 45207  
LOCATION THayer, KS.  
FOREMAN LANNON Wessling

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	Donnelly V-3	32	22S	19E	AN
CUSTOMER: <b>VIVA</b>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			476	JOSH		
CITY			490	DON		
STATE			482	MARCUS		
ZIP CODE			618	MARVIN		
			488	BRIAN		
			582	Wes		

**WELL DATA**

CASING SIZE	2 3/8	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION	856-865 (10)		

**TYPE OF TREATMENT**  
SPOT + FRAC

**CHEMICALS**

Acid	KCl
INHib	Biocids
Stim oil	Breaker
Gel	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD						BREAKDOWN 650
20/40				200 #		START PRESSURE
12/20				700 #		END PRESSURE
						BALL OFF PRESS
Ball seats 7						ROCK SALT PRESS
						ISIP 200
12/20				400 #		5 MIN
						10 MIN
						15 MIN
						MIN RATE
FLOSH	10					MAX RATE
*Release balls						DISPLACEMENT
OVER FLOSH	5					
TOTAL	70		TOTAL SAND	1300 #		

REMARKS:

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AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-21-11

Terms and Conditions are printed on reverse side.