



KANSAS CORPORATION COMMISSION 1095223
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: _____

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 #: _____
10/31/2011 11/02/2011 11/21/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25206-00-00

Spot Description: _____
NE SW NE NE Sec. 31 Twp. 22 S. R. 19 East West
4512 Feet from North / South Line of Section
669 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: DONLEY Well #: 10-V

Field Name: _____

Producing Formation: SQUIRREL

Elevation: Ground: 1110 Kelly Bushing: 1115

Total Depth: 914 Plug Back Total Depth: _____

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: _____

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 Garrisor Date: 10/08/2012



1095223

Operator Name: Viva International, Inc. Lease Name: DONLEY Well #: 10-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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

GAMMA RAY NEUTRON

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
SQUIRREL	849	880

CASING RECORD New 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	40	PORTLAND	12	
CASING	5.875	2.875	6.5	904	OWC	100	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	11 SHOTS (850-855)	SPOT 175 GAL 15% HCL BRK @ 600	
1	5 SHOTS (860-864)	TREATING PSI 800 DROP 10 THEN 7 BALLS	
1	11 SHOTS (865-875)	200# 20/40 900# 12/20	
		ISIP 225	

TUBING RECORD:	Size: 1	Set At: 873	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 11/25/2011	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>TESTED FOR ENHR</u>
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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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <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 # 245682

Invoice Date: 11/10/2011 Terms: 0/0/30,n/30

Page 1

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

DONLEY 10-V
33057
NE 31 22 19 AN
11-2-2011
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	100.00	17.9000	1790.00
1118B	PREMIUM GEL / BENTONITE	100.00	.2000	20.00
1110A	KOL SEAL (50# BAG)	500.00	.4400	220.00
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)	30.00	4.00	120.00
368 CASING FOOTAGE	904.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 2113.50 Freight: .00 Tax: 164.85 AR 3883.35
Labor: .00 Misc: .00 Total: 3883.35
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 33057

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
11-2-11	8507	Donley 10-U	NE 31	22	19	AN
CUSTOMER <u>Viva International</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>8357 Melrose</u>			<u>516</u>	<u>Alan M</u>	<u>368</u>	<u>Arken M</u>
CITY STATE ZIP CODE <u>Lenexa KS 66214</u>			<u>370</u>	<u>Barry M</u>	<u>383</u>	<u>Keith C</u>

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 914 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 904 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel to flush hole followed by 100 sk OWC plug & #Koi seal & 1/4# flaseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

VIAT, Brent.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5402	904	casing footage		-
5407	Min	10 miles		330.00
5502C	2	80 vgl		120.00
1126	100 sk	OWC		1790.00
118B	100#	gel		20.00
110A	500#	hal seal		220.00
407	25#	flaseal		55.50
4422	1	2 1/2 plug		28.00
				SALES TAX 164.85
				ESTIMATED TOTAL 3893.35

245682

Flavin 3737

AUTHORIZATION *[Signature]*

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
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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

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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GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

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

4TH
Well

TICKET NUMBER 56174
FIELD TICKET REF # 45207
LOCATION THAYER, KS.
FOREMAN LONDON WESSLING

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	PONDLEY V-10	32	225	19E	AN

CUSTOMER: VIVA

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	JOSH		
490	DON		
482	MARCUS		
618	MARVIN		
488	Brian		
582	WES		

WELL DATA

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>850-875 (27)</u>	

TYPE OF TREATMENT
SPOT + FRAC

CHEMICALS

<u>ACID</u>	<u>KCl</u>
<u>INHIB</u>	<u>Biocide</u>
<u>STIM OIL</u>	<u>Breaker</u>
<u>Gel</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>						BREAKDOWN <u>500</u>
<u>20/20</u>			<u>200#</u>			START PRESSURE
<u>12/20</u>			<u>400#</u>			END PRESSURE
<u>Ball seakers (17)</u>						BALL OFF PRESS
<u>12/20</u>			<u>500#</u>			ROCK SALT PRESS
						ISIP <u>225</u>
						5 MIN
						10 MIN
						15 MIN
<u>OVER FLOSH</u>	<u>5</u>					MIN RATE
<u>Released balls</u>						MAX RATE
<u>FLOSH</u>	<u>10</u>					DISPLACEMENT
<u>TOTAL</u>	<u>70</u>			<u>TOTAL SAND 1100</u>		

REMARKS:

AUTHORIZATION _____ TITLE _____ DATE 11-21-11

Terms and Conditions are printed on reverse side.