



KANSAS CORPORATION COMMISSION 1095246  
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     SLOW
- 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 #: \_\_\_\_\_

10/17/2011    10/27/2011    11/21/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-003-25207-00-00

Spot Description: \_\_\_\_\_  
SE SW NE NE Sec. 31 Twp. 22 S. R. 19  East  West  
4163 Feet from  North /  South Line of Section  
679 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Anderson

Lease Name: DONLEY Well #: 11-V

Field Name: COLONY-WELDA

Producing Formation: SQUIRREL

Elevation: Ground: 1113 Kelly Bushing: 1118

Total Depth: 910 Plug Back Total Depth: 900

Amount of Surface Pipe Set and Cemented at: 43 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: 10/10/2012



1095246

Operator Name: Viva International, Inc. Lease Name: DONLEY Well #: 11-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>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>838</td> <td>870</td> </tr> </table>	Name	Top	Datum	SQUIRREL	838	870
Name	Top	Datum					
SQUIRREL	838	870					

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	43	50/50 POZ	75	2% GEL
CASING	5.875	2.875	6.5	900	OWC	98	5% KOL SEAL

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: <u>1</u>	Set At: <u>838</u>	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. <u>11/25/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>TESTED FOR FLOW ENHR</u>
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input 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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 # **245363**

=====  
Invoice Date: 10/27/2011    Terms: 0/0/30,n/30    Page 1  
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VIVA INTERNATIONAL INC.  
ATTN: ROBERT  
8357 MELROSE DRIVE  
LENEXA KS 66214  
(913) 859-0438

DONLEY 11-V  
32993  
NE 31 22 19 AN  
10/21/11  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	75.00	10.4500	783.75
1118B	PREMIUM GEL / BENTONITE	126.00	.2000	25.20

  

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	43.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts:            808.95    Freight:            .00    Tax:            63.10    AR            2232.05  
Labor:            .00    Misc:            .00    Total:            2232.05  
Sublt:            .00    Supplies:        .00    Change:            .00  
=====

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32993  
LOCATION Ottawa  
FOREMAN Alan Mohr

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	
10-21-11	8507	Danley H-1	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>576</u>	<u>Alan M</u>	<u>Safety</u>	<u>Med</u>
				<u>370</u>	<u>Alan M</u>	<u>GM</u>	
				<u>558</u>	<u>Keith C</u>	<u>ISC</u>	
JOB TYPE	<u>Surface</u>	HOLE SIZE	<u>11 plus</u>	HOLE DEPTH	<u>43</u>	CASING SIZE & WEIGHT	<u>7"</u>
CASING DEPTH	<u>43'</u>	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	<u>yes</u>
DISPLACEMENT	<u>104</u>	DISPLACEMENT PSI	<u>100</u>	MIX PSI	<u>-</u>	RATE	<u>5 bpm</u>
REMARKS: <u>Held crew meeting. Established rate. Mixed &amp; pumped 75 sl 50 150 pps plus 27 gal. well took extra cement due to huge wash out. Displaced casing with clean water. Circulated 3661 cement.</u>							

HAT, Mike  
Alan Mohr

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
54065	1	PUMP CHARGE		775.00	
5406	30	MILEAGE		120.00	
5702	43'	casing footage		-	
5707	mi	ten miles		330.00	
5502C	1 1/2	80 gal		135.00	
1184	75	50 150 pps		783.75	
1188	126	gal		25.20	
				SALES TAX	63.10
				ESTIMATED TOTAL	2232.05

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**  
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		

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

3rd Well



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 56173  
FIELD TICKET REF # 45207  
LOCATION THayer, KS.  
FOREMAN Landon Wessling

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	Donnelly V-11	32	22S	19E	AN
CUSTOMER: VIVA			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

**WELL DATA**

CASING SIZE	2 3/8	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION	840-863 (31)		

**TYPE OF TREATMENT**

SPOT + FRAC
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**CHEMICALS**

Acid	KCl
TWHib	Bioocide
STim Oil	Breaker
Gel	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PRD						BREAKDOWN 525
20/40				200 #		START PRESSURE
12/20				400 #		END PRESSURE
						BALL OFF PRESS
Ballspears (17)						ROCK SALT PRESS
						ISIP VAC
12/20				500 #		5 MIN
						10 MIN
						15 MIN
						MIN RATE
0.41 FLOSH	5					MAX RATE
Released bulk						DISPLACEMENT
FLOSH	10					
TOT #1	75			TOTAL SAND 1100		

REMARKS:

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

Terms and Conditions are printed on reverse side.