



KANSAS CORPORATION COMMISSION 1097298
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 #: _____

03/29/2012 04/02/2012 04/02/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-28001-00-00

Spot Description: _____
NE SE NW SW Sec. 1 Twp. 28 S. R. 16 ☒ East ☐ West
4455 Feet from ☐ North / ☒ South Line of Section
4125 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Wilson

Lease Name: CAMPBELL SOUTH Well #: 5

Field Name: _____

Producing Formation: SQUIRREL

Elevation: Ground: 1046 Kelly Bushing: 1051

Total Depth: 1028 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 44 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 Garrison Date: 10/24/2012



1097298

Operator Name: Viva International, Inc. Lease Name: CAMPBELL SOUTH Well #: 5
 Sec. 1 Twp. 28 S. R. 16 ☒ East ☐ West County: Wilson

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>SQUIRREL</td> <td>860</td> <td>868</td> </tr> <tr> <td>MISSISSIPPI</td> <td>1004</td> <td>1006</td> </tr> </table>	Name	Top	Datum	SQUIRREL	860	868	MISSISSIPPI	1004	1006
Name	Top	Datum								
SQUIRREL	860	868								
MISSISSIPPI	1004	1006								

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	44	PORTLAND	12	

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 (Amount and Kind of Material Used)	Depth
		10 sx 50/50 + 6% GEL	978-1028
		10 sx 50/50 + 6% GEL	820-870
		40 sx 50/50 + 6% GEL	300-SURFACE

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



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 # 248986

Invoice Date: 04/13/2012 Terms: 0/0/30,n/30

Page 1

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

S. CAMPBELL 5
36585
NW 1 28 16 WL
4/3/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	65.00	10.9500	711.75
1118B	PREMIUM GEL / BENTONITE	328.00	.2100	68.88

Description	Hours	Unit Price	Total
368 P & A NEW WELL	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
370 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 780.63 Freight: .00 Tax: 49.18 AR 2889.81
Labor: .00 Misc: .00 Total: 2889.81
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

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

TICKET NUMBER 36585
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-3-12	8507	S. Campbell #5	NW 1	28	16	WL

CUSTOMER		TRUCK #		DRIVER	
Viva International		516	Alan M	Safety	Meet
MAILING ADDRESS		368	gary M	GM	
8357 Melrose		370	Keith C	KL	
CITY	STATE	ZIP CODE			
Wenex	KS	66214	548	Mike H	MH

JOB TYPE plug HOLE SIZE 5 1/8 HOLE DEPTH 1028 CASING SIZE & WEIGHT 1200
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 46 gpm

REMARKS: held crew meet. Est. established rate. Mixed & pumped 10 sk 50/50 cement plus 62 gal down drill steel to TD. Pulled steel to 860'. Pumped 10 sk cement. Pulled steel to 300'. Pumped 40 sk cement. Filled to surface. Pulled steel out. Topped off hole with 5 sk 65 sk total

Hot: Eric Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE		1080.00
5406	80	MILEAGE		320.00
5407	min	ten miles		350.00
5502C	4	80 vac		360.00
1124	65 sk	50/50 cement		711.75
1118B	328#	gel		68.88
248986				
SALES TAX				49.18
ESTIMATED TOTAL				2989.81

RevIn 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