



KANSAS CORPORATION COMMISSION 1062318
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1062318

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 Name Top Datum
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CASING RECORD <input 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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

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 <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) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ATTACHMENT TO ACO-1

Phillips-Mingenback#1
 1690'fel, 2540'fml
 Sec. 25-24S-04E
 Butler County, KS

	SAMPLE TOPS	LOG TOPS
Admire Sand	842 +613	841 +614
Burlingame	1006 +449	1005 +450
WC Lime	1103 +352	1103 +352
WC Sand	1108 +347	1110 +345
Topeka	1267 +188	1265 +190
Oread	1584 -129	1582 -127
Heebner	1620 -165	1618 -163
Douglas Sh	1651 -196	1650 -195
Lansing	1901 -446	1899 -444
KC	2181 -726	2179 -724
B/KC	2340 -885	2342 -887
Checkerboard	2422 -967	2420 -965
Hepler Sand	2439 -984	2447 -992
Pawnee	2498 -1043	2497 -1042
Cherokee	2559 -1104	2554 -1099
Ardmore	2604 -1149	NONE
Miss	2637 -1182	2635 -1180
Miss Chert	2637 -1182	2635 -1180
Miss Lime	2657 -1202	2658 -1203
Kinderhook	2690 -1235	2663 -1208
Hunton	2790 -1335	2786 -1331
PTD	2796 -1341	2793 -1338

DST #1 2608-2646 Zone: Miss Chert (2637-2647)

Times: 30-45-45-60

1st open: Weak 1/8" increased to 1/4"

2nd open: no blow for 10 min, weak on out

Rec: 233' TF: 52' WM(18-W, 82-M), 93' WM(16-W, 84-M), 58' WM(18-W,82-M, scum O)

30' OCMW(4-O, 20-W, 76-M)

Tool: 8 -O, 65 -M, 27-W

IFP: 145-147

FFP: 152-146

ISIP: 586

FSIP: 579

IHP: 1202

FHP: 1200

TEMP 108 degrees

DST #2 2667-2796 Zone: Hunton (2690-2696)

Times: 30-45-45-60

1st open: btm bkt in 30 sec

2nd open: btm bkt in 60 sec, Dead in 27 min

Rec: 2200' : 248' MW(63-W, 37-M), 558' MW(79-W, 21-M), 1303' SW, 30'-SW

Tool: 100 -W Chlorides- 10500

IFP: 203-891

FFP: 864-992

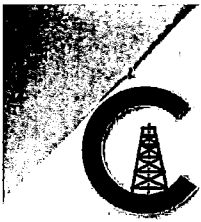
ISIP 992

FSIP: 992

IHP: 1224

FHP: 1201

TEMP 116 degrees



CONSOLIDATED
Oil Well Services, LLC

JUN 27 2011

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 # 242167

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Invoice Date: 06/24/2011 Terms: 0/0/30,n/30 Page 1
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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67226
(316) 682-1537

PHILLIPS-MINGENBACK
31066
25-24S-4E
06-14-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	225.00	14.2500	3206.25
1102	CALCIUM CHLORIDE (50#)	560.00	.7000	392.00
1107	FLO-SEAL (25#)	225.00	2.2200	499.50
4106	8 5/8" CEMENT BASKET	2.00	320.0000	640.00

Description	Hours	Unit Price	Total
290 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
290 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
434 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
442 MIN. BULK DELIVERY	1.00	330.00	330.00

100

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Parts: 4737.75 Freight: .00 Tax: 310.33 AR 6423.08
Labor: .00 Misc: .00 Total: 6423.08
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

