



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: _____



1063851

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
_____ 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: _____ 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 <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ATTACHMENT TO ACO-1

Mothes #6
840'FNL,2260'FWL
Sec. 2-22S-24W
Hodgeman County, KS

SAMPLES TOPS

ANHYDRITE	1710 +729
ANHYDRITE BASE	1743 +696
TOPEKA	3598 -1159
HEEBNER	3960 -1521
LANSING	4011 -1572
FT SCOTT	4547 -2108
CHEROKEE SH	4571 -2132
MISSISSIPPI LM	4642 -2203
MISSISSIPPI DOLO	4667 -2228
TD	4694 -2255

DST #1 4659 -4684 Zone: MISS DOLOMITE(best: 4679-84)

Times: 30-45-45-60

1st open: Weak blow built to 1 ¼" in 22 min, slowed down

2nd open ¼" after 33 min

Rec.: 25' mud, with oil specs

Tool: 1% O, 99% M)

IHP: 2297

FHP: 2242

IFP: 9-12

FFP: 12-15

ISIP: 729

FSIP: 697

TEMP: 130

DST #2 4669-4694 ZONE: MISS DOLOMITE

Times: 30-45-45-60

1st open: Weak blow built to 2"

2nd open Weak blow built to 1 1/8"

Rec.: 35' Drlg Mud w/ specks of oil

Tool: 1-G, 2-O, 97-M

IHP: 2293

FHP: 2239

IFP: 6-13

FFP: 13-22

ISIP: 751

FSIP: 711

TEMP: 126



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

JUL 25 2011

INVOICE

Invoice # 242771

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Invoice Date: 07/21/2011 Terms: 15/15/30,n/30 Page 1
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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67226
(316) 682-1537

MATHES #6
28126
2 22S 24W
07/15/11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	300.00	16.8000	5040.00
1102	CALCIUM CHLORIDE (50#)	846.00	.8400	710.64
1118B	PREMIUM GEL / BENTONITE	564.00	.2400	135.36
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-276.50
9999-130	CASH DISCOUNT	-897.30

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
463 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.00	150.00
566 TON MILEAGE DELIVERY	423.00	1.58	668.34

Amount Due 8270.99 if paid after 08/20/2011

Parts:	5982.00	Freight:	.00	Tax:	378.80	AR	7030.34
Labor:	.00	Misc:	.00	Total:	7030.34		
Sublt:	-1173.80	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 28126
LOCATION Oaklay Ks
FOREMAN Walt Dunkel

242771

FIELD TICKET & TREATMENT REPORT

CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-11	8511	Mathias #6	2	22 ^s	24 ^w	Madison
CUSTOMER Vess Oil Corp			Jetmor			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			6N	463	Calvin Harden	Franklin
STATE			3W	566	Domin Miller	
ZIP CODE			1N			
			13/4E			

JOB TYPE Surface O HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8 - 20 #
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 25 1/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety meeting, Rig up on L-D Dels,
Mix 300 SKS com, 3%CC-2%Cal
release Plug + Displace 25 1/4 BBL @ 200 #
Shut in

Cement Did Circ

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1,025 ⁰⁰	1,025 ⁰⁰
5406	30	MILEAGE	5 ⁰⁰	150 ⁰⁰
1104S	300 SKS	Class A Cement	16 ⁸⁰	5,040 ⁰⁰
1102	846 #	Calcium Chloride	1.84	710 ⁶⁴
1118B	564 #	Bentonite	1.24	1,351 ³⁶
4432	1	8 5/8 Wooden Plug	1.58	96 ⁰⁰
5407A	14.1	Ton Mileage Delivery	1.58	6,683 ³⁴
				7,825 ³⁴
		Less 15% Disc		- 1,173 ⁸⁰
				6,651 ⁵⁴
		7.5	SALES TAX	378 ⁸⁰
			ESTIMATED	
			TOTAL	7,030 ³⁴

Ravin 3737

AUTHORIZATION Rud W. L. 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.

