



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
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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: _____



1092043

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ATTACHMENT TO ACO-1
API #15-015-23938-00-00

J.W. Smith A-47
2050'FNL, 1500'FWL
Sec. 20-28S-04E
Butler County, KS

DST #1 2359-2465 Zone: Arbuckle
Times: 30-45-45-60
1st open: BOB 30 min, No BB
2nd open: Weak blow increased to BOB in 26 min, (wsbb)
Rec: 95' GAS, 115' CO(32 gravity), 95' HOCM(35-O, 65-M)
 TOOL: 67-O, 33-M

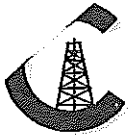
IFP: 37-67
ISIP: 925
IHP: 1119

FFP: 74-96
FSIP: 926
FHP: 1119

TEMP: 101 degrees

Samples Log Tops

OREAD	1414 -143	1418 -147
HEEBNER	1458 -187	1459 -188
DOUGLAS SH	1493 -222	1493 -222
DOUGLAS SD	1500 -229 gas sh	1509 -238
LANSING	1771 -500 SISO	1774 -503
K C	2023 -752 SISO	2021 -750
STARK	2144 -873	2143 -872
B/KC	2234 -963	2232 -961
CHEC/BD	2261 -990	2259 -988
HEPLER SD	2274 -1003 SISO	2273 -1002
ALTAMONT	2308 -1037	2305 -1034
CHEROKEE	2374 -1103	2374 -1103
ARBUCKLE	2459 -1188 SO	2458 -1187
PTD	2465 -1194	2464 -1193



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 # 249488

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Invoice Date: 04/30/2012 Terms: 0/0/30;n/30 Page 1

VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67226
(316) 682-1537

J.W. SMITH #47
34331
20-28-4E
04-30-12
KS

MAY 04 2012

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Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	14.9500	2242.50
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
1107	FLO-SEAL (25#)	75.00	2.3500	176.25

Description	Hours	Unit Price	Total
TECH EQUIPMENT STAND-BY ON LOCATION	12.00	84.00	1008.00
502 MIN. BULK DELIVERY	1.00	350.00	350.00
603 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
603 EQUIPMENT MILEAGE (ONE WAY)	21.00	4.00	84.00

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Parts:	2714.75	Freight:	.00	Tax:	177.81	AR	5159.56
Labor:	.00	Misc:	.00	Total:	5159.56		
Subt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34331

LOCATION Eldorado #18

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap. 15-015-23938-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-12	8511	J.W. Smith #47	20	28	4E	Butler
CUSTOMER Vess Oil						
MAILING ADDRESS 1700 waterfront Parkway Bld 500						
CITY Wichita		STATE KS	ZIP CODE 67226			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Jeff		
			502	Steve		
			511	Jacob		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 255 CASING SIZE & WEIGHT 85/8
 CASING DEPTH 254 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Break circulation, mixed 150 sks, class A 3/2 c 1/2 lb poly displaced 18 bbl circulating cement to surface

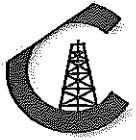
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	825.00	825.00
5406	21	MILEAGE	4.00	84.00
5407	1	min bulk delivery	350.00	350.00
5404	4 hr	X 3 personnel standby	84.00	1008.00
1104.5	150	class A	14.95	2242.50
1102	400	calcium chloride	.71	296.00
1107	75	poly-flake	2.35	176.25
			Subtotal	4981.75
			SALES TAX	171.81
			ESTIMATED TOTAL	5153.56

Ravin 3737

249488

AUTHORIZATION Cotton 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

MAY 14 2012

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 # 249658

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Invoice Date: 05/09/2012 Terms: 0/0/30,n/30 Page 1
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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67206
(316) 682-1537

J.W. SMITH #47
36110
20-28S-4E
05-05-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	19.2000	2400.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
4104	CEMENT BASKET 5 1/2"	2.00	229.0000	458.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
467 CEMENT PUMP	1.00	1030.00	1030.00
467 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
467 CASING FOOTAGE	950.00	.22	209.00
502 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 4568.00 Freight: .00 Tax: 299.20 AR 6636.20
Labor: .00 Misc: .00 Total: 6636.20
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

ENTERED

TICKET NUMBER 36110
LOCATION # 190 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Ap: 15-015-23938-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-5-12	8511	Jv Smith #47	20	285	4E	Butler
CUSTOMER Vess oil						
MAILING ADDRESS 1700 waterfront Parkway Bld 500						
CITY Wichita		STATE KS	ZIP CODE 67226			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		467	Ron M			
		502	Steve			
		511	Jacob			

JOB TYPE Logging B HOLE SIZE 7 7/8 HOLE DEPTH 2465 CASING SIZE & WEIGHT 5 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, Run pipe, set 1ft off bottom, calculate for 45 pump
5bbl water, 500gal Dulloo, 5bbl water, ~~displace~~ mix 125 sks thickset 5/8 col seal,
displace to ft landing plug cut 1300psi checked float float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
5407	1	min bulk delivery	350.00	350.00
5402	950	footage	.22	209.00
1126 A	125	thick set	19.20	2400.00
1110A	650	Kol-Seal	.46	299.00
1144G	500	Dulloo (mud flush)	1.05	525.00
4104	2	5/2 cement Basket	229.00	458.00
4130	6	5/2 centralizer	48.00	288.00
4159	1	5/2 AFw Shoe	344.00	344.00
4454	1	5/2 Latch down plug	254.00	254.00
5611	1	5/2 Rotating head	100.00	100.00
			Subtotal	6337.00
			SALES TAX	299.20
			ESTIMATED TOTAL	6636.20

Revin 3737

AUTHORIZATION Cary Bosta TITLE 249608 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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 28, 2012

Casey Coats
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: ACO1
API 15-015-23938-00-00
J.W. Smith A 47
NW/4 Sec.20-28S-04E
Butler County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Casey Coats

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 29, 2012

Casey Coats
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: ACO-1
API 15-015-23938-00-00
J.W. Smith A 47
NW/4 Sec.20-28S-04E
Butler County, Kansas

Dear Casey Coats:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/29/2012 and the ACO-1 was received on August 28, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department