

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1231857

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1231857

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

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

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Diamond Testing General Report

CORRECTED

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	VESS OIL CORP.	Job Number	J3308
Contact	PAUL RAMONDETTA	Representative	JOHN RIEDL
Well Name	WILSON "A" #453	Well Operator	VESS OIL CORP.
Unique Well ID		Report Date	2014/10/20
Surface Location	S7/25S/5E	Prepared By	JOHN RIEDL
Field		Qualified By	ROGER MARTIN

Test Information

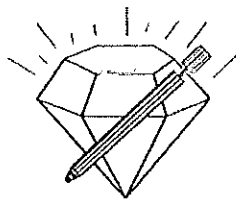
Test Type	DST #1 CONVENTIONAL
Formation	ARBUCKLE
Well Fluid Type	
Test Purpose	

Start Test Date	2014/10/19	Start Test Time	16:30:00
Final Test Date	2014/10/20	Final Test Time	00:30:00

Test Recovery

RECOVERY: 180' GAS IN PIPE
320' GASSY OIL 15% GAS, 85% OIL GRAVITY: 37 @ 60 DEGS
100' GAS CUT MUDDY OIL 10% GAS, 50% OIL, 40% MUD
420' TOTAL FLUID

TOOL SAMPLE: 90% OIL, 10% MUD



CORRECTED
DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC/Wilsona453dst1

Page 1 of 2 Pages

Company Vess Oil Corporation Lease & Well No. Wilson "A" No. 453
Elevation 1409 KB Formation Arbuckle Effective Pay Ft. Ticket No. J3308
Date 10-19-14 Sec. 7 Twp. 25S Range 5E County Butler State Kansas
Test Approved By Roger L. Martin Diamond Representative John C. Riedl

Formation Test No. 1 Interval Tested from 2,420 ft. to 2,475 ft. Total Depth 2,475 ft.
Packer Depth 2,415 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 2,420 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 2,423 ft. Recorder Number 30046 Cap. 6,000 psi.
Bottom Recorder Depth (Outside) 2,472 ft. Recorder Number 13498 Cap. 6,000 psi.
Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor C & G Drilling Company - Rig 1 Drill Collar Length 180 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 48 Weight Pipe Length ft. I.D. in.
Weight 9.3 Water Loss 9.6 cc. Drill Pipe Length 2,214 ft. I.D. 3 in.
Chlorides 1,200 P.P.M. Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 1 Anchor Length 24' perf. w/31' drill pipe ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4-FH in.

Blow: 1st Open: Strong blow increasing. Off bottom of bucket in 20 mins. No blow back during shut-in.

2nd Open: Strong blow increasing. Off bottom of bucket in 22 mns. No blow back during shut-in.

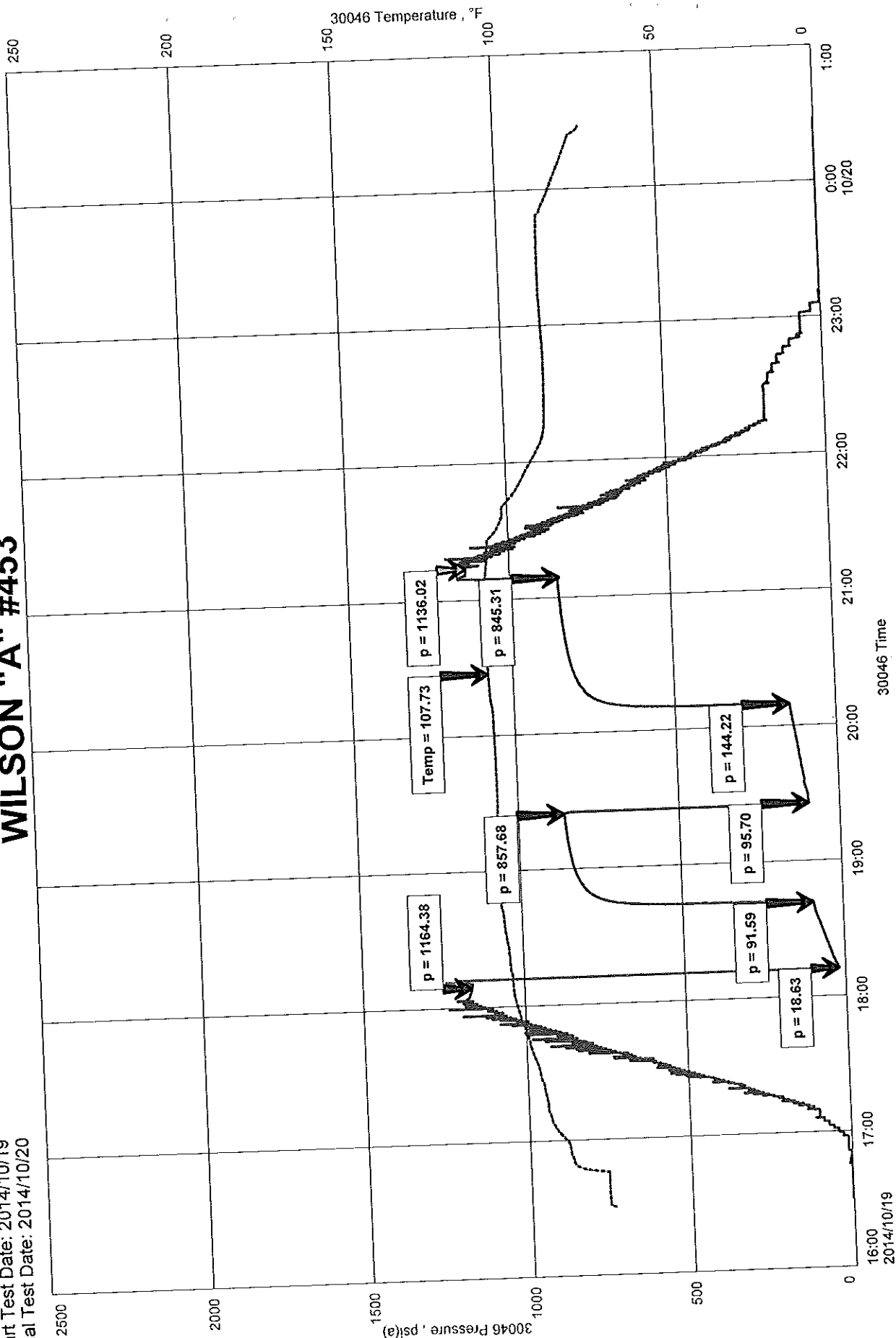
Recovered 180 ft. of gas in pipe
Recovered 320 ft. of gassy oil = 2.995200 bbls. (Grind out: 15%-gas; 85%-oil) Gravity: 37 @ 60°
Recovered 100 ft. of gas cut, muddy oil = .492000 bbls. (Grind out: 10%-gas; 50%-oil; 40%-mud)
Recovered 420 ft. of TOTAL FLUID = 3.487200 bbls.
Recovered ft. of
Recovered ft. of
Remarks Tool Sample Grind Out: 90%-oil; 10%-mud

Time Set Packer(s) 6:10 P.M. Time Started off Bottom 9:10 P.M. Maximum Temperature 108°
Initial Hydrostatic Pressure.....(A) 1164 P.S.I.
Initial Flow Period.....Minutes 30 (B) 19 P.S.I. to (C) 92 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 858 P.S.I.
Final Flow Period.....Minutes 45 (E) 96 P.S.I. to (F) 144 P.S.I.
Final Closed In Period.....Minutes 60 (G) 845 P.S.I.
Final Hydrostatic Pressure.....(H) 1136 P.S.I.

WILSON "A" #453
Formation: ARBUCKLE
Job Number: J3308

VESS OIL CORP.
DST #1 ARBUCKLE 2420-2475
Start Test Date: 2014/10/19
Final Test Date: 2014/10/20

WILSON "A" #453



CONSOLIDATED
Oil Well Services, LLC

271959

TICKET NUMBER 46534
LOCATION EL Dorado
FOREMAN Fuzzy

884, Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-14	8511	Wilson A-453	7	255	5E	B. & L. Co.
CUSTOMER Uss D.I.			Gibson W-50th			
MAILING ADDRESS 1700 Waterfront Pkwy Bldg 500			2W-5th			
CITY Wichita	STATE KS	ZIP CODE 67206	TRUCK # 446	DRIVER Jogk	TRUCK #	DRIVER
			479	Jud		

JOB TYPE Production HOLE SIZE 5 7/8 HOLE DEPTH 2475' CASING SIZE & WEIGHT 5" 15.5
CASING DEPTH 2468' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20⁰³
DISPLACEMENT 58.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on 6 & 6 1/2. Riser Set packer @ 1700'
Riser 15 more min. Pump 5 BBL water, 500 gal mud flush, 5 BBL
water. mix 25SKS in RH. mix 125SKS Thickset w/ 5% Kol-seal
per SK, wash pump and lines. Drop plug and displace 58 1/2 BBL
600' lift - Land plug @ 1200'. Float held

THANKS
Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰ ✓
5406	10	MILEAGE	420	N/L ✓
5407	7.1 Ton	Ton mileage Delivery (min)	141	368 ⁰⁰ ✓
5402	500'	Casing Footage	122	N/L ✓
1126A	150 SKS	Thickset	2016	3024 ⁰⁰ ✓
1110A	750 ⁰⁰	Kol-seal	156	420 ⁰⁰ ✓
1144G	500 gal	Mud Flush	110	550 ⁰⁰ ✓
4253	1	5 1/2 - Packer shoe	1663 ⁰⁰	1663 ⁰⁰ ✓
4454	1	5 1/2 - Latchdown Assy	266 ²⁵	266 ²⁵ ✓
4104	1	5 1/2 - BASKET (w)	290 ⁰⁰	290 ⁰⁰ ✓
4130	6	5 1/2 - Cent	50 ¹⁰	303 ⁰⁰ ✓
				7972.75 ✓
			disc	1033 ²⁰ ✓
				6936.55 ✓
			SALES TAX	350.95 ✓
			ESTIMATED TOTAL	7287.50 ✓

Ravin 3737

AUTHORIZATION Casey L. Wate 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.

0 JS

ATTACHMENT TO ACO-1

API #15-015-24041-0000

WILSON A-453

330'FNL, 460'FEL

Sec. 7-25S-05E

Butler County, KS

	Log Tops
	<u>KB 1409</u>
Admire 650	750 +659
Burlingame	851 +558
White Cloud Lm	945 +464
White Cloud Sd	955 +454
Topeka	1109 +300
Oread	1411 -2
Heebner	1453 -44
Toronto	1465 -56
Douglas	1483 -74
Lansing	1724 -315
Lansing Base	1849 -440
Kansas City	1998 -589
Stark	2102 -693
B/KC	2158 -749
Checkerboard	2238 -829
Cherokee	2357 -948
Ardmore Lm	2414 -1005
Simpson	2432 -1023
Arbuckle	2462 1053
PTD	2474 -1065

DST #1 2420-2475 Zone: ARBUCKLE (best 2470-75)

Times: 30-45-45-60

1st open: Btm of Bkt in 20 min

No BB

2nd open Btm of Bkt in 22 min

No BB

Rec.: 180' GIP, 420' TF: 320' Gsy Oil(15-G, 85-O) 37 gravity, 100' GMO(
10-G, 40-M, 50-O)

IHP: 1164 FHP: 1136

IFP: 19-92 FFP: 96-144

ISIP: 858 FSIP: 845 TEMP: 108