



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233462
OIL & GAS CONSERVATION DIVISION

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
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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

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: _____



1233462

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 <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 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				

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)*

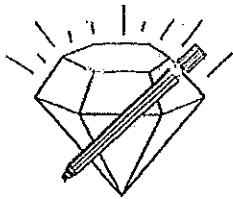
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
WilsonA450Dst#1

Company Vess Oil Corporation Lease & Well No. Wilson "A" No. 450
Elevation 1391 KB Formation Viola Effective Pay Ft. Ticket No. P0013
Date 10-26-14 Sec. 8 Twp. 25S Range 5E County Butler State Kansas
Test Approved By Roger L. Martin Diamond Representative Michael Carroll

Formation Test No. 1 Interval Tested from 2,431 ft. to 2,484 ft. Total Depth 2,484 ft.
Packer Depth 2,426 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 2,431 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 2,412 ft. Recorder Number 5515 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 2,467 ft. Recorder Number 5586 Cap. 5,000 psi.
Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor C & G Drilling Company - Rig 1 Drill Collar Length 177 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 48 Weight Pipe Length ft I.D. in.
Weight 9.3 Water Loss 5.8 cc. Drill Pipe Length 2,221 ft I.D. 3 in.
Chlorides 1,900 P.P.M. Test Tool Length 33 ft Tool Size 3 1/2-IF in.
Bars: Make Sterling Serial Number 4 Anchor Length 22' perf. w/31' drill pipe 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: 3/4 in. blow increasing. Off bottom of bucket in 8 mins. 45 secs. Weak, surface blow back during shut-in.
2nd Open: 1/4 in. blow increasing. Off bottom of bucket in 11 mins. 48 secs. No blow back during shut-in.

Recovered 227 ft. of clean oil = 2.460680 bbls. (Grind out: 100%-oil) Gravity: 36.5 @ 60°
Recovered 41 ft. of slightly gas cut, heavy mud cut oil = .444440 bbls. (Grind out: 2%-gas; 52%-oil; 46%-mud)
Recovered 62 ft. of slightly gas cut, heavy oil cut mud = .672080 bbls. (Grind out: 4%-gas; 35%-oil; 61%-mud)
Recovered 120 ft. of slightly gas cut, slightly oil cut mud = .608160 bbls. (Grind out: 7%-gas; 15%-oil; 78%-mud)
Recovered 60 ft. of slightly gas cut, heavy oil cut mud = .295200 bbls. (Grind out: 13%-gas; 34%-oil; 53%-mud)
Recovered 510 ft. of TOTAL FLUID = 4.480560 bbls.

Remarks Tool Sample Grind Out: 44%-oil; 56%-mud

Time Set Packer(s) 2:53 A.M. Time Started off Bottom 5:53 A.M. Maximum Temperature 108°
Initial Hydrostatic Pressure.....(A) 1164 P.S.I.
Initial Flow Period.....Minutes 30 (B) 16 P.S.I. to (C) 133 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 490 P.S.I.
Initial Flow Period.....Minutes 45 (E) 139 P.S.I. to (F) 213 P.S.I.
Initial Closed In Period.....Minutes 60 (G) 491 P.S.I.
Initial Hydrostatic Pressure.....(H) 1156 P.S.I.

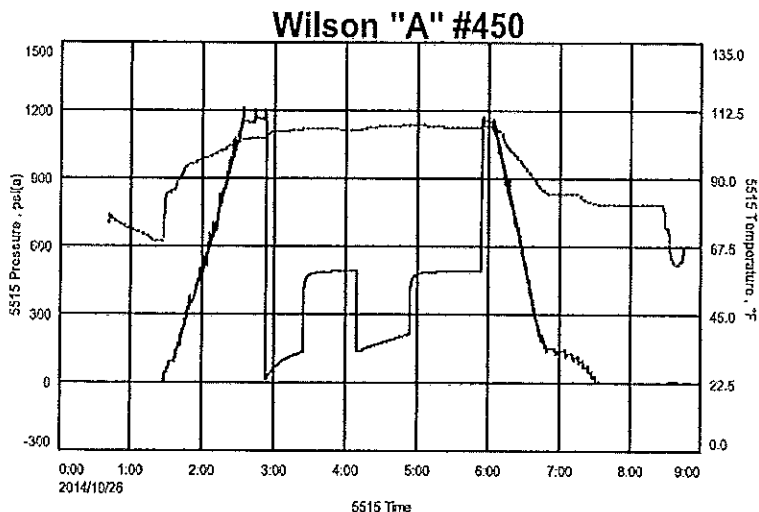
General Information Report

Diamond Testing LLC

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Vess Oil Corporation
Contact Casey Coats
Well Name Wilson "A" #450
Unique Well ID Dst #1 Viola 2431-2484'
Surface Location Sec 8-25s-5e Butler County
Field El Dorado
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #1 Viola 2431-2484'
Well Fluid Type 01 Oil
Start Test Date 2014/10/26
Start Test Time 00:41:00
Final Test Date 2014/10/26
Final Test Time 08:46:00
Job Number P0013
Representative Michael Carroll
Report Date 2014/10/26
Qualified By Roger Martin



Test Results

RECOVERY:

	227'	CO	100% O	GRAVITY: 36.5 @ 60 DEG
	41'	SLGCHMCO	2% G 52% O 46% M	
	62'	SLGCHOCM	4% G 35% O 61% M	
DC	120'	SLGCSLOCM	7% G 15% O 78% M	
DC	60'	SLGCHOCM	13% G 34% O 53% M	
	510'	TOTAL FLUID		

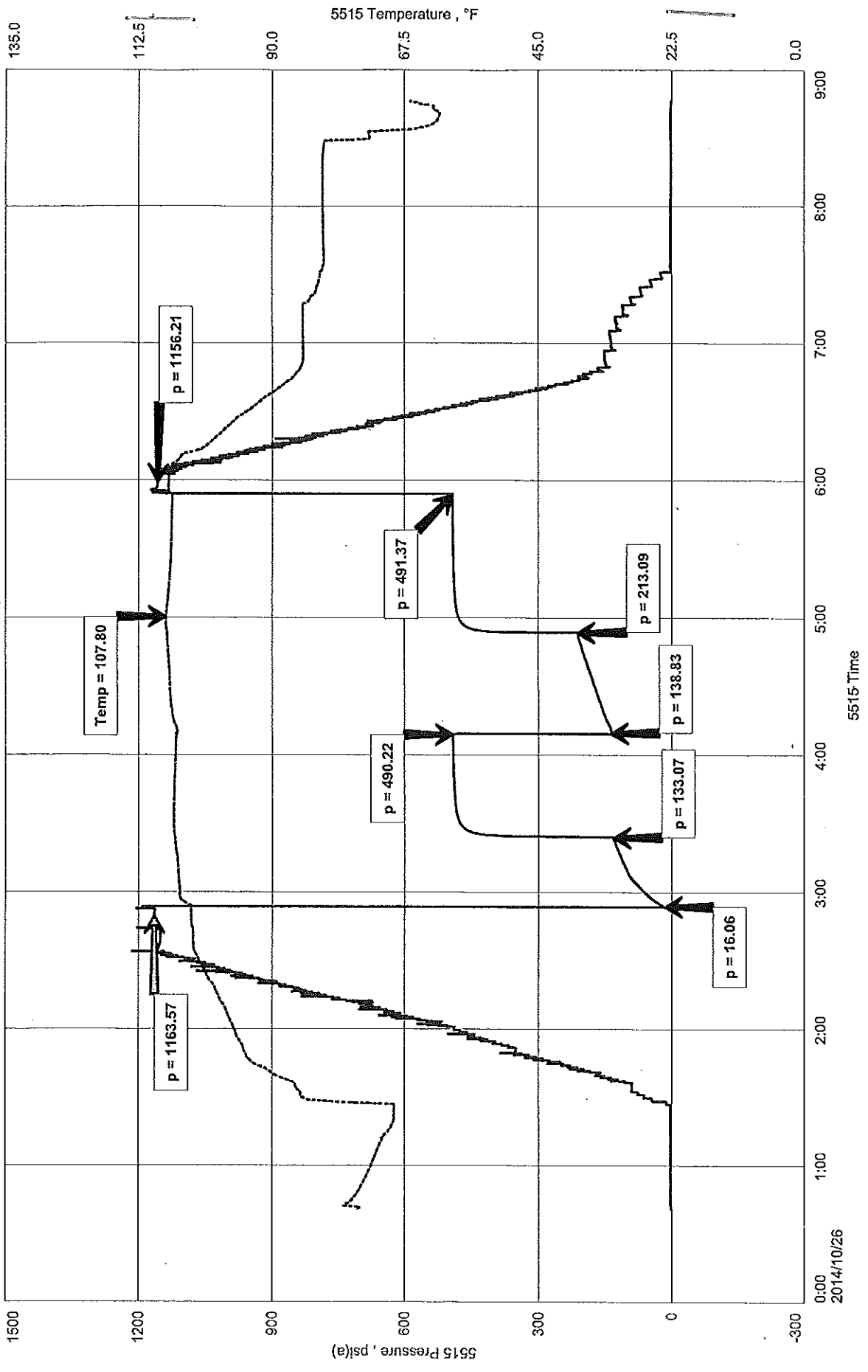
TOTAL FLUID:

44% O 56% M

Wilson "A" #450
 Formation: Dst #1 Viola 2431-2484'
 Pool: Infield
 Job Number: P0013

Vess Oil Corporation
 Dst #1 Viola 2431-2484'
 Start Test Date: 2014/10/26
 Final Test Date: 2014/10/26

Wilson "A" #450



271993

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-22-14	8511	wilson A 450	58	25	SE	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
vess oil			760	chris		
MAILING ADDRESS			491	Judd		
1700 waterfront parkway Bldg 800			702	Jacob		
CITY	STATE	ZIP CODE				
Wichita	KS					

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 85/8
 CASING DEPTH 262 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.37 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Break circulation pump 10 bbl water flush
mix 165 sks class A 3/4 cc 1/2 lb poly displaced with
15.5 bbl circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	5	MILEAGE	4.20	N/C
5407	1	min bulk delivery	368.00	368.00
11045	165	class A	15.70	2590.50
1102	400	calcium chloride	.78	312.00
107A	75	poly-flake	2.47	185.25
			Subtotal	4325.75
			-	926.18
			total	3399.57
			SALES TAX	138.34
			ESTIMATED TOTAL	3537.91

Revin 3737

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

JS O



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
822-437-9210 or 800-467-8676

TICKET NUMBER 46542
LOCATION GL Donda
FOREMAN Fuzz4

272073

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-26-11	8511	Wilson A - 450	8	25S	5E	Butler
CUSTOMER Urss			Shop n. 40th			
MAILING ADDRESS 1700 Waterfront Pkwy Bldg 500			1 W W.N			
CITY Wichita			STATE KS			
			ZIP CODE 67206			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Tracey		
			479	Dustin		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 2481 ft DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 1.68 WATER gal/sk _____ CEMENT LEFT in CASING 20 lb
 DISPLACEMENT 58.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on C+G #1 Float equip cont. 1-3-5-7-9
12 Basket #6. Rig up and circulate 20 min. Set packer shoe
@ 1500' circulate 20 min. Pump 5 BBL water, 500 gal mud flush
5 BBL water. mix 25 sacks in RH. Mix 125 sacks thickset w/ 5'
Kol-seal. wash pump and lines. Drop plug and displace 59'
400' lift land plug @ 1250' Float held.

Thanks
Fuzz4 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	4.20	N/C
5407	7.1 ton	Ton mileage Delivery (min)	1.41	368.00
1126A	150 sacks	Thickset	20.16	3024.00
1110A	750'	Kol-seal	.56	420.00
1144G	500 gal	Mud Flush	1.10	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 - Con	50.50	303.00
		Subtotal		7969.75
		discount		1033.20
		Subtotal		6936.55
		SALES TAX		350.95
		ESTIMATED TOTAL		7287.50

Rev'n 3737

AUTHORIZATION Coverly Bonta TITLE _____ DATE _____

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CONSOLIDATED
Oil Well Services, LLC

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

271993

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 48444
LOCATION 180
FOREMAN Jacob Storm

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-22-14	8511	watson A 450	58	25	SE	Butter
CUSTOMER Kess Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1700 Waterfront Parkway, Bldg 800			760	Chris		
CITY	STATE	ZIP CODE	491	Todd		
Wichita	KS		702	Jacob		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 85/8
 CASING DEPTH 262 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.37 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Stuffy meeting. Break circulation pump 10 bbl water flush
 mix 165 sks class A 3/4 cc 1/2 lb poly displaced with
 15.5 bbl circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	5	MILEAGE	4.20	N/C
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Revin 3737
AUTHORIZATION Cotton

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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
822-437-9210 or 800-467-8676

TICKET NUMBER 46542
LOCATION GL Donda
FOREMAN Fuzz4

272073

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

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CITY Wichita		STATE KS	ZIP CODE 67206			
			TRUCK #	DRIVER	TRUCK #	DRIVER
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REMARKS: Safety meeting on C+G #1 Float equip cont. 1-3-5-7-9
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@ 1500' circulate 20 min. Pump 5 BBL water, 500 gal mud flush
5 BBL water mix 25 sacks in RH. Mix 125 sacks thickset w/ 5'
Kol-seal. Wash pump and lines. Drop plug and displace 59'
400' lift land plug @ 1250' Float held.

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Fuzz4 crew

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ATTACHMENT TO ACO-1

API #15-015-24040-0000
 WILSON A-450
 330'FNL, 1050'FEL
 Sec. 8-25S-05E
 Butler County, KS

	<u>Geo Tops</u>	<u>Log Tops</u>
Burlingame		851 +540
White Cloud Lm		944 +447
White Cloud Sd		955 +436
Topeka		1107 +284
Oread		1413 -22
Heebner		1451 -60
Douglas		1482 -91
Lansing	1727 -336	1726 -335
Lansing Base		1853 -462
Kansas City	2004 -613	2005 -614
Stark		2109 -718
B/KC	2168 -777	2173 -782
Checkerboard	2250 -859	2249 -858
Altamont		2292 -901
Cherokee		2368 -977
Ardmore Lm	2427 -1036	2427 -1036
Viola	2473 -1082	2475 -1084
PTD	2484 -1093	2486 -1095

DST #1 2431-2484 Zone: Viola (2473-84, best:2476-84)

Times: 30-45-45-60

1st open: BOB in 8 ¾ min

Weak surface BB

2nd open BOB IN 11 ¾ min

NO BB

Rec.: 510' TF: 227' CO(36.5 grav), 41'(2-G,52-O,46-M), 62'(4-G,35-O,61-M),
 120'(7-G,15-O,78-M), 60'(13-G,34-O,53-M) TOOL: 44-O, 56-M

IHP: 1164 FHP: 1156

IFP: 16-133 FFP: 139-213

ISIP: 490 FSIP: 491 TEMP:108 F