

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1  
November 2016

**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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto: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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Vess Oil Corporation
Well Name	NETAHLA C 3
Doc ID	1373076

Tops

Name	Top	Datum
Oread	2913	-1652
Heebner	2953	-1692
Stalnaker Sand	3409	-2148
KC	3644	-2383
Hertha	3864	-2603
B/KC	3884	-2623
Marmaton	3975	-2714
Cherokee	4115	-2854
Mississippi	4333	-3072
RTD	4520	-3259



ROGER L. MARTIN

INDEPENDENT PETROLEUM GEOLOGIST 316-250-6970

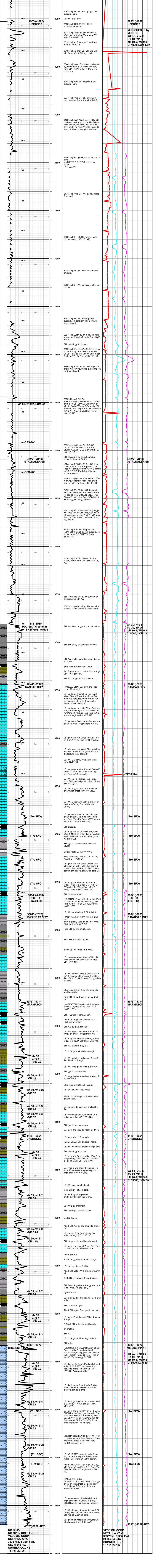
GEOLOGIST'S REPORT  
DRILLING TIME AND SAMPLE LOG

Table with 4 columns: COMPANY (VESS OIL CORPORATION), LEASE (NETAHLA "C" #3), FIELD (GERBERING), LOCATION (3835' FNL & 330' FWL (S/2-SW-NW-SW/4)), SECTION (5), TOWNSHIP (34S), RANGE (04W), COUNTY (SUMNER), STATE (KANSAS). Includes ELEVATIONS (KB 1261', GL 1252'), Measurements Are All From KB: 1261', API 15-191-22796-00-00, and well details like SPUD 11/01/2017, COMP 11/09/2017, RTD 4520' (-3259), LTD N/A.

Table with 4 columns: FORMATION TOPS, LOG, SAMPLES, CHRONOLOGY. Lists geological formations like OREAD, HEEBNER, STALNAKER SD, KANSAS CITY, HERTHA, BASE KANSAS CITY, MARMATON, CHEROKEE, MISSISSIPPIAN, MISS CHERT POROSITY, and RTD with their corresponding depths and dates.

REMARKS: The decision was made to P&A the VOG Netahla "C" #3. Includes well logs and completion data: OES 1st plug @ 875'-35' sv 60/40 Pozmix 4% oil, 3% CC, Pull drill pipe up, Wait Tag Plug @ 719', 2nd plug 575'-35' sv 60/40 Pozmix 4% gel, 3% CC, Pull drill pipe up, Wait Tag Plug @ 415', 3rd plug @ 255'-35' sv 60/40 Pozmix 4% gel, 2% CC, 4th plug @ 25' sv 60/40 Pozmix 4% gel, 2% CC, Grout/cement casing. Rialhole 25 sv, Mousehole 20 sv. Total= 185 sv. Finished 2:55 AM.

Respectfully submitted, Roger L. Martin, Geologist (Website). (Page Length = 105')



NO DST-1 NO OPEN HOLE E-LOGS VESS OIL CORP NETAHLA "C" #3 3835' FNL & 330' FWL SEC 5-34S-4W SUMNER CO., KS 15-191-22796

VESS OIL CORP NETAHLA "C" #3 3835' FNL & 330' FWL SEC 5-34S-4W SUMNER CO., KS 15-191-22796



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

FIELD TICKET & TREATMENT REPORT  
 CEMENT

9392/9386  
 TICKET NUMBER 54690  
 LOCATION Eldorado KS  
 FOREMAN Austin

Invoice # 811678

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-17	8511	NATALIA #3	5	34	04	Sumner
CUSTOMER Dress Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 waterfront pkwy BLD 500			866	Austin		
CITY STATE ZIP CODE wichita KS 67206			960	Chris		
			713	Jeremy		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8 - 23 #  
 CASING DEPTH 295' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 18.7 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting. Hooked up to 8 5/8 casing pumped 200 SKS cement then pumped 18.7 bbl displacement water shut valve

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	90	MILEAGE	7.15	643.50
CE0710	9.4 ton	ton mileage delivery	1.75	1648.50
CC5500A	14572 200	Class A Cement	20.00	4000.00
CC5325	550	Calcium Chloride	1.25	687.50
CC5965	350	Coel	.30	105.00
CC6075	100	Poly Flake	2.00	200.00
		Subtotal	=	8616.00
				3877.20
		Discount	45%	3997.42
				4738.81
		total		= 205.94
		SALES TAX		ESTIMATED TOTAL 4944.75

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 11/20/17

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.