

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5030
Name: Vess Oil Corporation
Address: 8100 E. 22nd St.N., Bldg. 300
City/State/Zip: Wichita, KS 67226
Purchaser:
Operator Contact Person: W.R. Horigan
Phone: (316) 682-1537 ext 103
Contractor: Name: Simmons Well Service, Inc.
License: 32991
Wellsite Geologist:

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Cities Service Oil Company
Well Name: Wilson A #325W

Original Comp. Date: 12/5/60 Original Total Depth: 2185'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 10 Plug Back Total Depth
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Enhr.?) Docket No.
3/18/02 3/21/02 3/27/02
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 015-19125-00-01

County: Butler
Approx: 105° N & 70° E
 NW NW NW Sec. 8 Twp. 25 S. R. 05 East West
225 feet from S / N (circle one) Line of Section
400 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Wilson A Well #: 325
Field Name: El Dorado
Producing Formation: White Cloud

Elevation: Ground: 1409 Kelly Bushing: 1414
Total Depth: 1060 Plug Back Total Depth: 1038
Amount of Surface Pipe Set and Cemented at 752 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1059
feet depth to surface w/ 225 sx cmt.

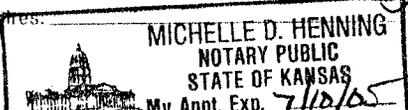
Drilling Fluid Management Plan ALB-EN 8-21-02
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 50 bbls
Dewatering method used vac truck, evaporation

Location of fluid disposal if hauled offsite:
Operator Name: Vess Oil Corporation
Robinson A #70D License No.: 5030
Lease Name: _____
Quarter SW Sec. 31 Twp. 25 S. R. 05 East West
County: Butler Docket No.: D-24116

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: WR Horigan
Title: Vice President-Operations Date: 4/18/02
Subscribed and sworn to before me this 18th day of April
 2002
Notary Public: Michelle D. Henning
Date Commission Expires:



KCC Office Use ONLY
 NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 NO Geologist Report Received
 UIC Distribution

Operator Name: Vess Oil Corporation Lease Name: Wilson A Well #: 325
 Sec. 8 Twp. S. R. East West County: Butler

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 copy of all Electric Wireline 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 <i>(Submit Copy)</i> List All E. Logs Run: <u>Re-Entry in old hole</u> <u>GR-Neutron-CCL</u> <u>Bond Log</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <p style="text-align: center;">Filed previously</p>
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
<u>(already set) surface</u>	<u>12-1/4</u>	<u>8-5/8</u>	<u>28</u>	<u>752</u>	<u>Class A</u>	<u>375</u>	<u>2% cc</u>
<u>production</u>	<u>7-7/8</u>	<u>4-1/2</u>	<u>10.5</u>	<u>1059</u>	<u>65/35 Pozmix</u>	<u>125</u>	<u>6% gel, 1/4#/sk</u>
					<u>Class A</u>	<u>100</u>	<u>10% salt, 1% gel,</u>

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				

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
<u>2</u>	<u>957 to 969</u>	<u>250 gal 15% FE acid</u>	
		<u>3000#20/40 sand, 80 bbl gel wtr</u>	<u>957-969</u>

TUBING RECORD		Size <u>2-3/8</u>	Set At <u>975</u>	Packer At <u>none</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>4/4/02</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u>22</u> Bbls.	Gas Mcf	Water <u>8</u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<u>957-969</u>
	<input type="checkbox"/> Other (Specify)	