

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: none

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

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

Operator: Cities Service Company

Well Name: Allen Memorial Hospital A #4

Original Comp. Date: 5/6/84 Original Total Depth: 2530'

\_\_\_\_ Deepening \_\_\_\_ Re-perf. \_\_\_\_ Conv. to Enhr./SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

10/18/02

11/5/02

Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 015-22530  
County: Butler  
\_\_\_\_ NE NW NW Sec. 32 Twp. 25S S. R. 05  East  West  
330 feet from S  (circle one) Line of Section  
990 feet from E  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE  SW

Lease Name: Allen Memorial Hospital A #4 Well #: \_\_\_\_\_

Field Name: El Dorado

Producing Formation: Admire

Elevation: Ground: 1369 Kelly Bushing: 1374

Total Depth: 2530 Plug Back Total Depth: 683

Amount of Surface Pipe Set and Cemented at 267 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 Workover Sec 12-05-02  
(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 No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**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: 11/27/02

Subscribed and sworn to before me this 27th day of November

~~XX~~ 2002

Notary Public: Michelle D. Henning

Date Commission Expires: \_\_\_\_\_



KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

YES Wireline Log Received

NO Geologist Report Received

\_\_\_\_ UIC Distribution

Operator Name: Vess Oil Corporation Lease Name: Allen Memorial Hospital A #4  
 Sec. 32 Twp. 25 S. R. 05  East  West County: Butler Well #:

**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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
 (Submit Copy)

List All E. Logs Run:

workover

New CR-Neutron-CCL  
 and Bond Log

Log Formation (Top), Depth and Datum  Sample

Name Top Datum

back off bad 4-1/2 csg ran used tested 4-1/2 back in

CASING RECORD  New  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
production	7-7/8	4-1/2	10.5	693	Class A	215	2% cc, 2% gel circ. 26. sx to surface

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	642 742	Class A	15	

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
2	654 to 664 CIBP @ 1260'	250 gal 15% FE acid 80 bbl gel water, 4000#20/40 Sand	654-664

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8	650	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
11/6/02	<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	5		130	

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented  Sold  Used on Lease  
 (If vented, Sumit ACO-18.)

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify)

654-664