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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 5030  
Name: Vess Oil Corporation  
Address: 8100 E. 22nd St. N., Bldg. 300  
City/State/Zip: Wichita, KS 67226  
Purchaser: STG  
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: Finney #1-77  
Original Comp. Date: 7/1/83 Original Total Depth: 2540'  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 794 Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

9/23/02 10/04/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 015-22340  
County: Butler  
SW NE SW Sec. 29 Twp. 25 S. R. 05  East  West  
1650 feet from S N (circle one) Line of Section  
1980 feet from E W (circle one) Line of Section

**COPY**

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Finney 1 Well #: 77  
Field Name: El Dorado

Producing Formation: Admire  
Elevation: Ground: 1394 Kelly Bushing: 1399  
Total Depth: 2540 Plug Back Total Depth: 794  
Amount of Surface Pipe Set and Cemented at 257 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
~~At alternate location~~ completion, cement circulated from 840  
feet depth to 0 w/ 165 sx cmt.

Drilling Fluid Management Plan William Be 11-15-02  
(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: W.R. Horigan  
Title: VP - Operations Date: 11/6/02  
Subscribed and sworn to before me this 6th day of November

~~Notary~~ 2002  
Notary Public: Michelle Henning  
Date Commission Expires: \_\_\_\_\_

MICHELLE D. HENNING  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 7/10/05

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

# COPY

Operator Name: Vess Oil Corporation Lease Name: Finney 1 Well #: 77  
 Sec. 29 Twp. 25S S. R. 05  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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <p style="text-align: center;">workover</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum    <div style="text-align: right; font-size: small;">                     RECEIVED                      NOV 08 2002                      KOD WADONTA                 </div>
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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
already set							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	0 840	Class A	165	2% cc, 2% gel
<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 <i>(Amount and Kind of Material Used)</i>	Depth
2	674-684	250 Gal 15% FE Acid	
	CIBP @ 1560'	80 bbls gel water 2000# 20/40	674-84
		Sand	

TUBING RECORD		Size 2-3/8	Set At 721	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 10/8/02		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 Bbls. 6	Gas Mcf	Water Bbls. 108	Gas-Oil Ratio	Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval 674-684
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