

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

RECEIVED

JUL 20 2004

KCC WICHITA

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5030
Name: Vess Oil Corporation
Address: 8100 E. 22nd Street North, Bldg. 300
City/State/Zip: Wichita, KS 67226
Purchaser: Seminole Transportation & Gathering
Operator Contact Person: W.R. Horgan
Phone: (316) 682-1537 X103
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 Company

Well Name: Wilson A 303W
Original Comp. Date: 12/16/59 Original Total Depth: 2171'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back 988 Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>6/11/04</u>	<u>6/16/04</u>	<u>6/28/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 015-19501-00-01
County: Butler
App. SE NE NW Sec. 8 Twp. 25 S. R. 05 East West
1000' feet from S / N (circle one) Line of Section
2315' 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 #: 303 OWWO
Field Name: El Dorado

Producing Formation: White Cloud
Elevation: Ground: 1380' Kelly Bushing: 1385'
Total Depth: 2171' Plug Back Total Depth: 988'
Amount of Surface Pipe Set and Cemented at 758' 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 2500 ppm Fluid volume 500 bbls
Dewatering method used hauled, evaporated

Location of fluid disposal if hauled offsite:
Operator Name: Vess Oil Corporation
Lease Name: Robinson A #70D License No.: 5030
Quarter SW Sec. 31 Twp. 25S S. R. 05 East West
County: Butler Docket No.: D-24,116

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: Charles Casey Coate
Title: Operations Engineer Date: 7/15/04

Subscribed and sworn to before me this 17th day of July,
20 04.

Notary Public: Angela R. Coady
Date Commission Expires: _____

ANGELA R. COADY
Notary Public - State of Kansas
My Appt. Expires 11-5-06

KCC Office Use ONLY
16 Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: Vess Oil Corporation Lease Name: Wilson A Well #: 303 OWWO
 Sec. 8 Twp. 25 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction-strip Cased Hole GR-Neutron-CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum White Cloud 929 -456 'ss
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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	# Sacs Used	Type and Percent Additives
surface	12-1/4"	8-5/8"	24#	758'		325	already set
production	7-7/8"	4-1/2"	10.5	1006	Pozmix 65/35	125	6% gel 1/4# sk floeal
					Class A	100	10% salt, 1% gel, 6#/sk gypseal

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
2	945-950	250 gal 15% fe ACID	945-950
		60 BBL GEL WATER, 3000 #20/40	
		sand mini frac	

TUBING RECORD		Size 2-3/8"	Set At 924'	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 7/14/04		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	19	0	38		

Disposition of Gas		METHOD OF COMPLETION		Production Interval	
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.
<i>(If vented, Submit ACCO-18.)</i>			<input type="checkbox"/> Other (Specify)	945-950	