

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

**ORIGINAL**

Operator: License # 5030  
Name: Vess Oil Corporation  
Address: 8100 E. 22nd Street North, Bldg. 300  
City/State/Zip: Wichita, KS 67226  
Purchaser: **RECEIVED**  
Operator Contact Person: W.R. Horigan **JAN 14 2005**  
Phone: (316) 682-1537 X103  
Contractor: Name: L. D. Drilling, Inc.  
License: 6039  
Wellsite Geologist: Kim B. Shoemaker

**KCC WICHITA**

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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
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. \_\_\_\_\_

9/24/04	10/01/04	Date Reached TD	Completion Date or Recompletion Date
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Spud Date or Recompletion Date

API No. 15 - 051-25312-00-00

County: Ellis  
W/2 E/2 NW Sec. 17 Twp. 11S S. R. 16  East  West  
1200' feet from S / N (circle one) Line of Section  
1650' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW  
Lease Name: Roberta      Well #: #1-17

Field Name: Lieb

Producing Formation: 1805'

Elevation: Ground: 1805' Kelly Bushing: 1810'

Total Depth: 3377' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 967 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 7000 ppm Fluid volume 1500 bbls

Dewatering method used hauled off free fluids

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: VESS OIL CORPORATION

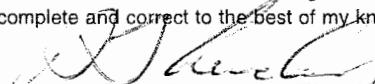
Lease Name: Colahan A #37 License No.: 5030

Quarter NE Sec. 24 Twp. 11S S. R. 17W  East  West

County: Ellis Docket No.: D-23,603

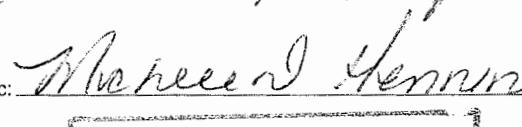
**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 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.

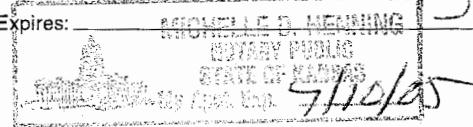
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature:   
Title: Operations Engineer Date: 1/13/05

Subscribed and sworn to before me this 13<sup>th</sup> day of January,

2005.

Notary Public:   
Monica L. Henning

Date Commission Expires: 

**KCC Office Use ONLY**

Letter of Confidentiality Attached

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

Wireline Log Received

Geologist Report Received

UIC Distribution

58069

Side Two

Operator Name: Vess Oil Corporation Lease Name: Roberta Well #: #1-17  
 Sec. 17 Twp. 11S S. R. 16  East  West County: Ellis

**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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	See attached	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Dual Induction, Density Neutron Micalog			

CASING RECORD <input checked="" 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"	24#	997'	Pozmix	450	60/40

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			<input type="checkbox"/> Flowing <input 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

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