

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: STG
 Operator Contact Person: W.R. Horigan
 Phone: (316) 682-1537 ext 103
 Contractor: Name: Simmons Well Service
 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: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 724' Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

7/10/02 7/10/02 7/16/02
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Finished Recompletion Date

API No. 15 - 015-21115
 County: Butler
 S/2 S/2 SW SE Sec. 28 Twp. 25 S. R. 05 East West
50 feet from S N (circle one) Line of Section
1980 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Hegberg A Well #: 194

Field Name: El Dorado

Producing Formation: Admire

Elevation: Ground: 1382 Kelly Bushing: 1387

Total Depth: 2150 Plug Back Total Depth: 724

Amount of Surface Pipe Set and Cemented at 254 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate completion, cement circulated from 789

feet depth to surface w/ 150 sx cmt.

Drilling Fluid Management Plan

(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: VP - Operations Date: 11/6/02

Subscribed and sworn to before me this 6th day of November

Notary Public: Michelle D Henning
 Date Commission Expires: _____

MICHELLE D. HENNING

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Vess Oil Corporation Lease Name: Hegberg A Well #: 194
 Sec. 28 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 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

Log Formation (Top), Depth and Datum Sample

Name Top Datum

ALREADY SET 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	789	65/35 Pozmix	75	6% gel
	789	Class A	75	10% salt, 1% gel, 6#/sk gypseal circ. 20 sx to surface

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
4	789 circ. cement to surface		
2	628 to 644	250 gal 15% acid, 3000#20/40 mini frac Sand	628-644

TUBING RECORD Size 2-3/8 Set At 651 Packer At none Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 7/17/02 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	7	0	83		

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 628-644
(If vented, Sumit ACO-18.) Other (Specify) _____