

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Op. for: License # 5030

Name: Vess Oil Corporation

Address 8100 E. 22nd Street N. Bldg.

City/State/Zip Wichita, Kansas 67226

Purchaser: STG

Operator Contact Person: W.R. Horigan

Phone (316) 682-1537

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: Kim Shoemaker

Designate Type of Completion X New Well Re-Entry Workover

X Oil SWD SIOW Temp. Abd.
Gas ENHR SIGW CONSERVATION
Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBT

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

1-16-01 1-24-01 2/13/01

Spud Date Date Reached TD Completion Date

API NO. 15- 077-21391-0000

County HARPER

- NW - SE Sec. 6 Twp. 33 Rge. 05 E

1980 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:
NE, SE, NW or SW (circle one)

Lease Name Eileen Salser Well # 1-6

Field Name Freeport

Producing Formation Mississippi Chert

Elevation: Ground 1332' KB 1337'

Total Depth 4470' PBT 4432'

Amount of Surface Pipe Set and Cemented at 305 Feet

Multiple Stage Cementing Collar Used? Yes X 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 5500 ppm Fluid volume 1000 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

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 on 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 WRH

Title Vice President - Operations Date 5/09/01

Subscribed and sworn to before me this 9th day of May, 2001

Notary Public Michelle D. Henning

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
KCC SWD/Rep
KGS Plug NGPA
 Other
 (Specify)

Form ACO-1 (7-91)

Operator Name Vess Oil CorporationSec. 6 Twp. 33 Rge. 05 East WestLease Name Eileen Salser Well # 1-6County Harper

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<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 checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run: Dual Induction Density Neutron Gamma Ray - CCL				

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	# Sacks Used	Type and Percent Additives
surface	12 1/4"	8 5/8"	20#	305	60/40 Poz	175	2% Gel, 3% ac
production	7 7/8"	4 1/2"	10.5	4456'	ASC	200	5#/sk koseal
					Class A	35	

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
6	4371 to 4381	1000 gal 7-1/2% NE FE	4371-81
		14500 gal Ultra Vis 25	4371-81
		10000 #20/40 snd, 10000 #12/20 Sand	

TUBING RECORD	SIZE	SET AT	PACKER AT	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8	4350	none		

DATE OF FIRST, RESUMED PRODUCTION, SWD OR INJ.		Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
3/13/01						

ESTIMATED PRODUCTION PER 24 HOURS	OIL	BBLS.	Gas	McF	Water	BBLS.	Gas-Oil Ratio	GRAVITY
	10				90			42

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 checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled
				<input type="checkbox"/> Other (Specify)			4371-81