

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Must Be Typed

WELL COMPLETION FORM

WELLSITE HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30420 Vincent Innone dba:
Name: VJI NATURAL RESOURCES, INC.
Address: 30 - 38 48th St
City/State/Zip: ASTORIA NY 11103
Purchaser: _____
Operator Contact Person: Jason Dinges
Phone: (785) 625-8360
Contractor: Name: ANDY ANDERSON dba A & A PRODUCTION
License: 30076

Wellsite Geologist: Jerry Green
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: _____
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. _____

2-21-03	2-28-03	2-28-03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-22887-00-00
County: GRAHAM
 NW NW Sec. 31 Twp. 8 S. R24 East West
4950 feet from (S) N (circle one) Line of Section
4850 feet from (E) W (circle one) Line of Section

Shotgates Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: HOLLEY Well #: 6-B
Field Name: HOLLEY
Producing Formation: _____
Elevation: Ground: 2475 Kelly Bushing: _____
Total Depth: 4050 Plug Back Total Depth: 205 feet set @ 210 feet
Amount of Surface Pipe Set and Cemented at 150 sacks 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 Added 6.9.03
(Data must be collected from the Reserve Pit)
Chloride content 2000 ppm Fluid volume 120 bbls
Dewatering method used Natural Settling
Location of fluid disposal if hauled offsite: _____
Operator Name: Challenger Exploration
Lease Name: Dechant License No.: 03919
Quarter _____ Sec. 17 Twp. 14 S. R. 18 East West
County: Ellis Docket No.: 24904

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: [Signature]
Title: Geologist Date: 5-12-03
Subscribed and sworn to before me this 12th day of May, 2003
Notary Public: [Signature]
Date Commission Expires: Jan 21, 2004

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
UIC Distribution
Oil & Gas Conservation Division
Kansas Corporation Commission
Wichita, Kansas
5-21-04

Vincent Innone dba:

Operator Name: **VINCENT NATURAL RESOURCES, INC.**

Lease Name: **HOLLEY**

Well #: **6-B**

Sec. **31** Twp. **S. R. 24**

East West

County: **GRAHAM**

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)

Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey Yes No

Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

CASING RECORD New 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	210	60/40 POZ Mix	150	3% CC 2% Gel

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

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	Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						

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

