

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

WELL PLUGGING RECORD
K.A.R. -82-3-117

15-065-01927-00-00

RECEIVED
KANSAS CORP COMM

1999 SEP 29 A 11:37
9-29-99

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days

API NUMBER May 1949

LEASE NAME Clack B

WELL NUMBER #1

2310 Ft. from N Section Line

660 Ft. from W Section Line

SEC. 16 TWP. 9S RGE. 21 (E) or (W)

COUNTY Graham

Date Well Completed 1949

Plugging Commenced 8/17/99

Plugging Completed 8/26/99

LEASE OPERATOR VESS OIL CORPORATION

ADDRESS 8100 E. 22nd St. N., Bldg. 300, Wichita, KS 67226

PHONE # (316) 682-1537 OPERATOR'S LICENSE NO. 5030

Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 08/99 (date)
by Rich Williams (KCC District Agent's Name)

Is ACO-1 filed? PRE-ACO-1 If not, is well log attached? previously attached w/application

Producing Formation Arbuckle Depth to Top 3684 Bottom 3698 T.D. 3698

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS		Casing Record				
Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8"	252	
				5-1/2"	3684	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

Perf Tech shot at 2000'; 1700'; 900'; 2 shots each interval.
Ran 116 jts of tbg to 3625', mix and pump 100 sx 60/40 Poz, 10% gel and 150# hulls; Pull up to 2097' w/100 sx 60/40 Poz, 10% gel; Pull up to 1720' w/125 sx 60/40 Poz, 10% gel. Topped off w/35 sx
Cement fell to 350'. B&B ready mix: 2 yds of 6+ sx mix and 20% gravel to fill up 5-1/2" csg. Filled up.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Gressel Oilfield Services License No. _____

Address P.O. Box 607, Burrton, KS 67020-0607

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Vess Oil Corporation

STATE OF Kansas COUNTY OF Sedgwick, ss.

Patrick T. Canaday (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says that: That I have knowledge of the facts, statements and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature)

(Address)

8100 E. 22nd St., N., Bldg. 300
Wichita, KS 67226

SUBSCRIBED AND SWORN TO before me this 24th day of September, 19 99

My Commission Expires:

MICHELLE D. HENNING
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7/10/02

Notary Public

Form CP-4
Revised 05-88

R

CSG LEAK SQZ AT 1093-1107 175 SX
OREND PERFS SQZ 3302-3342 150 SX

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PERFS LKC A 3392-3400 OLD
LKC B 3436-40
LKC C 3448-54 OLD
LKC E 3468-71
LKC F 3477-80
LKC H 3526-32 OLD
LKC I 3546-52 OLD
LKC J 3500-63
LKC K 3576-80
LKC L 3597-3600

CIBP @ 3648'
ARBUCKLE OH 3684-3698



FIELD ORDER No 19884

BOX 438 • HAYSVILLE, KANSAS 67060

RECEIVED
KANSAS COOP 316-524-1225

DATE 8-25 19 99

IS AUTHORIZED BY: Voss (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Check 'P' Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County GRAHAM State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	MILACAC P.T.	1.00	50.00
	1	Pump Charge PTA		400.00
	350	60/40 Permox 71.6el	4.75	1662.50
	24	60/40 Add'l 4 Gel	8.00	192.00
	200	1100LS	10.00	40.00
		Bulk Charge 350 x .85		297.50
		Bulk Truck Miles 33000 16.60 x 11.00 = 830	1.00	830.00
		Process License Fee on _____ Gallons		
		TOTAL BILLING		3472.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A. G. Curtis

Station GRAHAM - LAND, KS

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS