

**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

Operator: License # 5030
 Name: Vess Oil Corporation
 Address: 8100 E. 22nd Street North, Bldg. 300
 City/State/Zip: Wichita, KS 67226
 Purchaser: _____
 Operator Contact Person: W.R. Horigan
 Phone: (316) 682-1537 X103
 Contractor: Name: Simmons Well Service, Inc.
 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: OXY USA, INC.
 Well Name: Wilson A #415
 Original Comp. Date: 7/20/92 Original Total Depth: 2560'
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 Plug Back 1100' Plug Back Total Depth _____
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
 8/5/05 _____ 8/15/05 _____
 Spud Date or _____ Date Reached TD _____ Completion Date or _____
 Recompletion Date _____ Recompletion Date _____

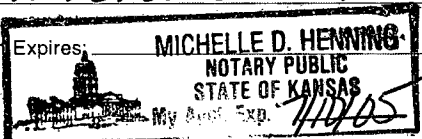
API No. 15 - 015-23274 -00-01 ORIGINAL
 County: Butler
 _____ NW _____ NW _____ NW Sec. 9 Twp. 25S S. R. 05E East West
330' feet from S / (circle one) Line of Section
330' feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Wilson A Well #: 415
 Field Name: El Dorado
 Producing Formation: White Cloud
 Elevation: Ground: 1374' Kelly Bushing: 1379'
 Total Depth: 2560' Plug Back Total Depth: 1100'
 Amount of Surface Pipe Set and Cemented at 269 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 Workover Alt 1 NCR
 (Data must be collected from the Reserve Pit) 8-18-08
 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: Vice President-Operations Date: _____
 Subscribed and sworn to before me this 2nd day of Sept,
 20 05.
 Notary Public: Michelle D Henning
 Date Commission Expires: _____



KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

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SEP 06 2005

KCC WICHITA

Operator Name: Vess Oil Corporation Lease Name: Wilson A Well #: 415
 Sec. 9 Twp. 25S S. R. 05E 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum On previous ACO-1
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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	# Sacjs Used	Type and Percent Additives

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 checked="" type="checkbox"/> Plug Off Zone	2382/2490	Class A	7	2% cc

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
	CIBP @ 2300'	500 gal 15% FE acid	1990-2000
2	1990' to 2000'	500 gal 15% FE acid	1415-1425
	CIBP @ 1600'	250 gal 15% FE acid	936-950
2	1415' to 1425'	140 bbl gel wtr, 5000# sand	936-950
2	936' to 950' CIBP @ 1100'		

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2-3/8	916'	none	

Date of First, Resumerd Production, SWD or Enhr. 8/19/05	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2.5		35		

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 936' - 950'

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United Cementing and Acid Co., Inc.

Oil Well Cementing & Acidizing
 (316) 321-4680 • 800-794-0187 • FAX (316) 321-4720
 2510 West 6th Street • El Dorado, KS 67042

SERVICE TICKET

6844

ORIGINAL 6436

DATE 8-5-2005

COUNTY BUTLER CITY _____

CHARGE TO VESSEL Corp

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Wilson # 415 CONTRACTOR Simmons Well Ser.

KIND OF JOB Tools - Squeezers SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			808.84
93	5ks Class A	X 5.92	550.56
1	sk CACL2	26.65	26.65
1	5 1/2 32A Packer Rental		840.00
1	5 1/2 x 2 3/8 Stabpack head		95.00
94	BULK CHARGE X .98		92.12
7	BULK TRK. MILES X 4.42 X .73	mancharge	94.50
7	PUMP TRK. MILES X 2.05		14.35
	PLUGS		
		.0530 SALES TAX	133.107
		TOTAL	2055.109

T.D. 2490 CIBP

SIZE HOLE 7 7/8

MAX. PRESS. 2700

PLUG DEPTH —

PLUG USED —

CSG. SET AT — VOLUME _____

TBG SET AT — VOLUME _____

SIZE PIPE 5 1/2 8th

PKER DEPTH 2382

TIME ON LOCATION 7:20AM TIME FINISHED _____

REMARKS: Run into AT 2490 per min AT 1000# - Increased to 36bbls at 1500# Mixed 50sk 2% CACL2 - failed with 42sk cement. with 11sk into formation Pressure at 2500# Shut down. Reversed cement out of casing Reset Packer tested squeeze to 1650# held - Pilled tools

EQUIPMENT USED

NAME Chet UNIT NO. #A-14

NAME Shawn UNIT NO. #D-7

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Larry Storm
 CEMENTER OR TREATER

KCC/ALBERTA