

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 Street North, Bldg. 300
 City/State/Zip: Wichita, KS 67226
 Purchaser: _____
 Operator Contact Person: W.R. Horgan
 Phone: (316) 682-1537 X103
 Contractor: Name: VAL Energy, Inc. - Rig #3
 License: 5822
 Wellsite Geologist: Roger Martin
 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 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>8/5/06</u> | <u>8/17/06</u> | <u>8/18/06</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

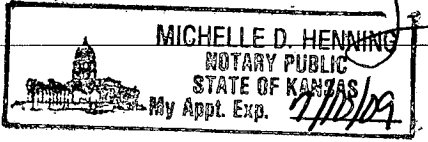
API No. 15 - 007-23,034 - 00-00
 County: Barber
 _____ NW SE Sec. 36 Twp. 30S S. R. 15 East West
1980' feet from N (circle one) Line of Section
1980' feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hoagland B Well #: #1-36
 Field Name: Buster
 Producing Formation: none
 Elevation: Ground: 1713' Kelly Bushing: 1723'
 Total Depth: 3930' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 333 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/ _____
 AIT-Dlg - 11/25/08 ^{sx crnt.}

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 24000 ppm Fluid volume 2000 bbls
 Dewatering method used hauling and evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Oil Producers of Kansas
 Lease Name: Watson #2 License No.: 8061
 Quarter SW Sec. 8 Twp. 29 S. R. 15 East West
 County: Pratt Docket No.: D-24,324

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: Casey Coats
 Title: Operations Engineer Date: 9/7/06
 Subscribed and sworn to before me this 7th day of September,
 2006
 Notary Public: Michelle D. Henning
 Date Commission Expires: _____



KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 SEP 11 2006
 KCC WICHITA

Operator Name: Vess Oil Corporation Lease Name: Hoagland B Well #: #1-36
 Sec. 36 Twp. 30S S. R. 15 East West County: Barber

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:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

See attached

Dual Induction, Density & Neutron,

| 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 | # Sacs Used | Type and Percent Additives |
| surface | 14-3/4 | 10-3/4 | 32.75 | 333' | 60/40 pozmix | 275 | 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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-----------|---|-------------|---------------|--|
| Date of First, Resumerd Production, SWD or Enhr. | | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

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 _____

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ATTACHMENT TO ACO-1

HOAGLAND B 1-36
 1980'FSL 1980'FEL
 Sec. 36-30S-15W
 Barber County, KS

DST #1 3074-3132 Zone: EMPORIA LIMESTONE
 Times: 30-45-45-60
 1st open: 30 SEC, STRONG BLOW OFF BTM, 25 MIN GTS, 30 MIN 9.1MCF
 2nd open GTS, 10 MIN 7.98 MCF, 40 MIN 8.74 MCF
 Rec.: 230' FLUID: 110'GCM(30%G, 20%W,50%M), 120'GW(15%G, 85%W)
 CHLORIDES 78000 RW=.08

IHP: 1535 FHP: 1507
 IFP: 55-77 FFP: 88-125
 ISIP: 906 FSIP: 900 TEMP: 100

Shut in pressures still bldg, trying to break over
 BTU 1081

DST #2 3746-3865 Zone: DOUGLAS SAND
 Times: 30-45-45-60
 1st open: Weak blow, bldg to 2" at end
 2nd open Weak blow, bldg to 2 3/4" at end
 Rec.: 72' WM(44% w, 56% m)

CHLORIDES 22500
 IHP: 1737 FHP: 1728
 IFP: 8-24 FFP: 27-40
 ISIP: 1205 FSIP: 1176 TEMP: 106

| Sample Tops | HOAGLAND 1-36 | Log Tops |
|-----------------------------|----------------------|-----------------|
| Wabaunsee 2850 -1127'SS | 5' HIGH TO IT | 2851 -1128 |
| Tarkio | | |
| Emporia 3092 -1369'SS | 1' HIGH | 3090 -1367 |
| Howard | | |
| Topeka | thickened | 3287 -1564 |
| Heebner Shale 3688 -1965'SS | 16' LOW | 3692 -1969 |
| Douglas Shale 3750 -2027'SS | 18' LOW | 3752 -2029 |
| Douglas Sand 3820 -2097'SS | 16' LOW | 3822 -2099 |
| Brown Lime 3854 -2131'SS | 16' LOW | 3857 -2134 |
| Lansing | | 3875 -2152 |

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ALLIED CEMENTING CO., INC. 23775

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
MEDICINE LODGE

| | | | | | | | |
|------------------------------------|---------------|--------------------|-------------------------------|---------------------------------------|-----------------------------|--------------------------|---------------------------|
| DATE <i>8-5-06</i> | SEC <i>36</i> | TWP <i>30s</i> | RANGE <i>15W</i> | CALLED OUT <i>9:30 AM</i> | ON LOCATION <i>12:00 PM</i> | JOB START <i>5:20 PM</i> | JOB FINISH <i>5:45 PM</i> |
| LEASE <i>HOAGLAND</i> | | WELL # <i>1-36</i> | | LOCATION <i>SUN CITY 3/4 NORTH TO</i> | | COUNTY <i>BARBER</i> | STATE <i>KANSAS</i> |
| OLD OR NEW (Circle one) <u>NEW</u> | | | SUBSTATION, 1 E/S/E/N TO LOC. | | | | |

CONTRACTOR *VAL #3*

TYPE OF JOB *SURFACE CASING*

HOLE SIZE *14 3/4"* T.D. *337'*

CASING SIZE *10 3/4" 32.7'* DEPTH *333'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *200#* MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *20'*

PERFS. _____

DISPLACEMENT *31 BBLs WATER*

EQUIPMENT _____

OWNER *VESS OIL CORP*

CEMENT AMOUNT ORDERED *275 ss 60:40:2 + 3% CC*

| | | | |
|----------|------------|----------------|----------------|
| COMMON A | <i>175</i> | @ <i>10.65</i> | <i>1863.75</i> |
| POZMIX | <i>100</i> | @ <i>5.80</i> | <i>580.00</i> |
| GEL | <i>6</i> | @ <i>16.65</i> | <i>99.90</i> |
| CHLORIDE | <i>9</i> | @ <i>46.60</i> | <i>419.40</i> |
| ASC | | @ | |

PUMP TRUCK # *343* CEMENTER *KEVIN BRUNGARDI*
HELPER *STEVE KRANER*

BULK TRUCK # *353-314* DRIVER *JR. FREEMAN*

BULK TRUCK # _____ DRIVER _____

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| | | | |
|----------|-----------------|---------------|----------------|
| HANDLING | <i>290</i> | @ <i>1.90</i> | <i>551.00</i> |
| MILEAGE | <i>290 x 20</i> | @ <i>.08</i> | <i>464.00</i> |
| TOTAL | | | <i>3978.05</i> |

REMARKS:
RUN 10 3/4" CASING + BREAK CIRCULATION - RIG UP TO CEMENT PUMP - PUMP 5 BBLs FRESH WATER - MIX 275SS 60:40:2 + 3% CC. DISPLACE CEMENT TO 313' WITH 31 BBLs WATER CEMENT DID CIRCULATE

CHARGE TO: *VESS OIL CORP.*

STREET _____

CITY *WICHITA* STATE *KANSAS* ZIP _____

SERVICE

| | | | |
|--------------------|---------------|-----------------|----------------|
| DEPTH OF JOB | <i>333'</i> | | |
| PUMP TRUCK CHARGE | <i>0-300'</i> | | <i>815.00</i> |
| EXTRA FOOTAGE | <i>33'</i> | @ <i>.65</i> | <i>21.45</i> |
| MILEAGE | <i>20</i> | @ <i>5.00</i> | <i>100.00</i> |
| MANIFOLD | | @ | |
| <i>HEAD RENTAL</i> | | @ <i>100.00</i> | <i>100.00</i> |
| TOTAL | | | <i>1036.45</i> |

PLUG & FLOAT EQUIPMENT

| | | |
|-------|---|-------|
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *Ron Moon*

TAX _____

TOTAL CHARGE *[scribble]*

DISCOUNT *[scribble]* IF PAID IN 30 DAYS

Ron Moon
PRINTED NAME