

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: 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: Hegberg A #144  
 Original Comp. Date: 1/3/61 Original Total Depth: 2117'  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 1048' Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  

<u>8/29/06</u>	<u>8/30/06</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

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SEP 22 2006  
KCC WICHITA

API No. 15 - 015-19,066-00-01 02 well log  
 County: Butler  
NE NE NE Sec. 28 Twp. 25 S. R. 05E  East  West  
4980' feet from S N (circle one) Line of Section  
300' feet from E W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Hegberg A Well #: 144  
 Field Name: El Dorado  
 Producing Formation: Admire & White Cloud  
 Elevation: Ground: 1368' Kelly Bushing: 1373'  
 Total Depth: 2117' Plug Back Total Depth: 1010'  
 Amount of Surface Pipe Set and Cemented at 740' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 4-1/2 csg - 1058'  
 feet depth to surface w/ 250 sx cmt.  
wo-Dlg - 11/25/08

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 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: Gasmy Gouts  
 Title: Operations Engineer Date: 9/20/06  
 Subscribed and sworn to before me this 20th 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

Operator Name: Vess Oil Corporation Lease Name: Hegberg A Well #: 144  
 Sec. 28 Twp. 25 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:

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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
surface(already set)	12-1/4"	8-5/8"	24	740'	60/40 pozmix	300	2% gel, 3% cc
production	7-7/8"	4-1/2"	10.5	1058'	65/35 pozmix	150	6% gel
					Class A	100	10% salt, 1% gel, 6#/sk gyp

ADDITIONAL CEMENTING / SQUEEZE RECORD				
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 <i>(Amount and Kind of Material Used)</i>	Depth
2	604-624	250 gal 15% FE acid	604-624
		132 bbl gel water 3000# 20/40 Sand	
		2000# 12/20 Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8	932'	none		
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
9/13/06			<input type="checkbox"/> Flowing <input checked="" 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	
	7.5	0	160			

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, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	604-624' 846-878' OA