

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: Cities Service Oil Company

Well Name: Wilson A #319
Original Comp. Date: 11/6/59 Original Total Depth: 2180'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 1014' Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

6/28/06 7/6/06 7/14/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 015-19560-00-01
County: Butler
____ SW ____ NE ____ NW Sec. 8 Twp. 25 S. R. 05E East West
1000' 4164 feet from (S) (N) (circle one) Line of Section
1675' 3695 feet from (E) (W) (circle one) Line of Section
GPS-KCC-Dlg
Footages Calculated from (N) Nearest Outside Section Corner:

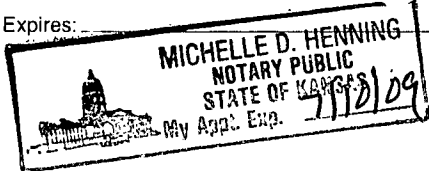
(circle one) NE SE NW SW
Lease Name: Wilson A Well #: 319 OWWO
Field Name: El Dorado
Producing Formation: White Cloud
Elevation: Ground: 1400' Kelly Bushing: 1405'
Total Depth: 1034' Plug Back Total Depth: 1014'
Amount of Surface Pipe Set and Cemented at 789' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ AIH-1-Dlg-11/12/08 ^{sq cmt}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 10000 ppm Fluid volume 200 bbls
Dewatering method used hauled and evaporation
Location of fluid disposal if hauled offsite:
Operator Name: Vess Oil Corporation
Lease Name: Robinson A #70D License No.: 5030
Quarter SW Sec. 31 Twp. 25 S. R. 05E East West
County: Butler Docket No.: D-24116

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: Bosny Gato
Title: Operations Engineer Date: 7/19/06
Subscribed and sworn to before me this 19th day of July,
20 06.
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

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JUL 24 2006
KCC WICHITA

Operator Name: Vess Oil Corporation Lease Name: Wilson A Well #: 319 OWWO
 Sec. 8 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">GR-Neutron-CCL, Cement Bond Log</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum White Cloud 930
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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(already set)	12-1/4"	8-5/8"	24	789'		350	
production	7-7/8"	4-1/2"	10.5	1034'	65/35 pozmix	125	6% gel
					USC	100	

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
2	944-948	250 gal 15% FE acid	944-964 OA
	954-964	110 bbl gel water 3000# 20/40 Sand	
		2000# 12/20 Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8	948'	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 7/18/06			Producing Method <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
	20	0	65		

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

944-948
954-964

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KCC WICHITA



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

7599

SERVICE TICKET

7200

DATE 7-6-06

COUNTY BUTLER CITY _____

CHARGE TO Vess Oil Corp

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Wilson #319 CONTRACTOR Simmons Well Serv

KIND OF JOB Float Equipment SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
1	4 1/2 GORDIE SHOE		78.00
1	4 1/2 AFU Insert Valve		120.00
2	4 1/2 Cement Baskets	160.00	320.00
3	4 1/2 Centrifizers	89.70	89.10
	BULK CHARGE		
	BULK TRK. MILES		
	PUMP TRK. MILES		
	PLUGS		
		0.30 SALES TAX	
		TOTAL	

T.D. _____

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME ON LOCATION _____ TIME FINISHED _____

REMARKS: Delivered to loc by Row Pitts

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NAME _____	UNIT NO. _____	EQUIPMENT USED _____	NAME _____	UNIT NO. _____
<u>Larry Storm</u>			<u>KCC WICHITA</u>	
CEMENTER OR TREATER			OWNER'S REP.	