

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 30 2007
CONSERVATION DIVISION
WICHITA, KS

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5030
Name: Vess Oil Corporation
Address: 1700 Waterfront Parkway, Bldg. 500
City/State/Zip: Wichita, KS 67206
Purchaser: Eagling, LP
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 SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Rains & Williamson Oil Co., Inc.

Well Name: Joslin #1
Original Comp. Date: 2/5/66 Original Total Depth: 5377
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Line Plug Back Total Depth
 Commingled Line Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

10/30/07 11/20/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 077-90-056-30005-00-02
County: Harper
 C NE NW Sec. 1 Twp. 31 S. R. 07 East West
4620 feet from (S) N (circle one) Line of Section
3300 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Joslin Well #: 1
Field Name: Maple Grove

Producing Formation: Arbuckle SWD
Elevation: Ground: 1580 Kelly Bushing: 1585
Total Depth: 5377 Plug Back Total Depth: 5377
Amount of Surface Pipe Set and Cemented at 236 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 OWWO- AIT I NR
(Data must be collected from the Reserve Pit) 1-15-09
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.: _____

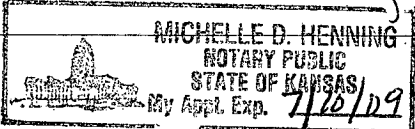
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130; 82-3-106 and 82-3-107 apply. Information of side 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: Casey Coata
Title: Operations Engineer Date: 11/26/07

Subscribed and sworn to before me this 26th day of November
20 07

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
copy to uic

Operator Name: Vess Oil Corporation Lease Name: Joslin Well #: 1
 Sec. 1 Twp. 31 S. R. 07 East West County: Harper

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION NOV 30 2007 CONSERVATION DIVISION WICHITA, KS </div>
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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
<u>SURE</u>		<u>8.625</u>		<u>236</u>		<u>175</u>	
<u>liner</u>	<u>4-7/8</u>	<u>4-1/2</u>	<u>10.5</u>	<u>5048</u>	<u>60/40 pozmix</u>	<u>150</u>	<u>4% GEL</u>
<u>PROD</u>		<u>5.5</u>		<u>5310</u>		<u>150</u>	

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 (Amount and Kind of Material Used)	Depth
		<u>1500 gal 20% FE Acid</u>	<u>5104-5377</u>
			<u>(OA)</u>

TUBING RECORD		Size	Set At	Packer At	Liner Run
		<u>2-7/8"</u>	<u>5010</u>	<u>5010</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
<u>11/22/07</u>			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>SWD</u>		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<u>5104-5377 OA</u>