

WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API #15-065-22,745-00-00

County Graham

ORIGINAL

C NW NW Sec. 2 Twp. 10S Rge. 22 E X V

Operator: License # 5030

Name: Vess Oil Corporation

Address 8100 E. 22nd St., N. Bldg. #300

City/State/Zip Wichita, KS 67226

Purchaser: N/A

Operator Contact Person: Bill Horigan

Phone (316) -682-1537

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Kim B. Shoemaker

Designate Type of Completion

New Well Re-Entry Workover

Oil SVD SIOV Temp. Abd.
 Gas ENHR SIGV
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SVD
 Plug Back _____ P8TD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SVD or Inj?) _____ Docket No. _____

8/8/94 8/13/94 8/13/94
Spud Date Date Reached TD Completion Date

660 Feet from S (circle one) Line of Section

660 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name I. Brassfield Well # 1

Field Name _____

Producing Formation None

Elevation: Ground 2354' KB 2359'

Total Depth 3810' P8TD _____

Amount of Surface Pipe Set and Cemented at 209.77 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/ _____ sz cat.

Drilling Fluid Management Plan D&A JH 2-6-95
(Data must be collected from the Reserve Pit)

Chloride content 1500 ppm Fluid volume 800 bbls

Dewatering method used Dehydration

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/V

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado [Derby Building, 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 on 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 [Signature]

Title Agent Date 9/6/94

Subscribed and sworn to before me this 6th day of September

19 94

Notary Public [Signature]

Date Comm. December 6, 1996



E.C.C. OFFICE USE ONLY RECEIVED

F Letter of Confidentiality Received

C Wireline Log Received

C Geologist Report Received

SEP 07 1994

Distribution

ECC

EGS

SVD/REP _____ KGPA _____

Plug _____ WICHITA COUNTY DIVISION

Sec. 2 Twp. 10S Rge. 22
 East
 West

County Graham

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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:

Name	Formation (Top), Depth and Datum	
	Top	Datum
ANHYDRITE	1849" (+ 510')	
HEEBNER	3565' (-1206')	
TORONTO	3588' (-1227')	
LANSING	3599' (-1240')	
RTD	3810' (-1451')	

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8-5/8"	23#	216.77'	60/40 Poz	135	2%gel 3%cc

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

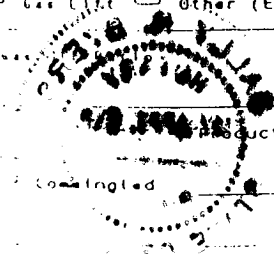
TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or In. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil N/A Bbls	Gas N/A Mcf	Water N/A Bbls	Gravity

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf Dually Comp Cased/Grouted Other (Specify)



P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

15-065-22745-00-00
Elevation 2359 K.B. Formation LRC 11, T, U Eff. Pay _____ Ft.

District GREAT BEND Date 2/12/94 Customer Order No. _____

COMPANY NAME DUKE DRILL CO. ADDRESS _____ ORIGINAL

LEASE AND WELL NO. BRASSFIELD COUNTY GRAHAM STATE KS Sec. 2 Twp. 10S Rge. 02W

Mail Invoice To Co. Name SAMP Address _____ No. Copies Requested 26

Mail Charts To Address _____ No. Copies Requested _____

Formation Test No. 1 Interval Tested From 3730 ft. to 3810 ft. Total Depth 3810 ft.
Packer Depth 3725 ft. Size 6 5/8 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 3730 ft. Size 6 5/8 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3733 ft. Recorder Number 11010 Cap 4425 PSI
Bottom Recorder Depth (Outside) 3805 ft. Recorder Number 13629 Cap 4425 PSI
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap _____

Drilling Contractor EMPHASIS R16 8 Drill Collar Length 0 I. D. _____ in.
Mud Type CHEMICAL Viscosity 55 Weight Pipe Length 0 I. D. _____ in.
Weight 9.4 Water Loss 12 cc. Drill Pipe Length 3710 I. D. 3.8 in.
Chlorides 1600 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.
Jars: Make NOT RAN Serial Number _____ Anchor Length 80 ft. Size 5 3/8 in.
Did Well Flow? NO Reversed Out NO Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.
Main Hole Size 7 1/2 in. Tool Joint Size 4 1/2 in.

Blow: 1ST FLOW: WEAK BLOW READ IN 20 MINUTES
AND FLOW: NO BLOW

Recovered 15 ft. of DRILLING MUD WITH SLURRY OF OIL IN TOP OF TOOL
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Chlorides _____ P.P.M. Sample Jars used _____ Remarks: _____

Time On Location 1:00 A.M. P.M. Time Pick Up Tool 3:30 A.M. P.M. Time Off Location 2:00 A.M. P.M.
Time Set Packer(s) 4:50 A.M. P.M. Time Started Off Bottom 5:55 A.M. P.M. Maximum Temperature 110
Initial Hydrostatic Pressure (A) 1720 P.S.I.
Initial Flow Period Minutes 30 (B) 24 P.S.I. to (C) 20 P.S.I.
Initial Closed In Period Minutes 30 (D) 160 P.S.I.
Final Flow Period Minutes 5 (E) 33 P.S.I. to (F) 30 P.S.I.
Final Closed In Period Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure (H) 1760 P.S.I.

COMPANY TERMS
Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.
All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By _____
Signature of Customer or his authorized representative
Western Representative _____

FIELD INVOICE
Open Hole Test \$ _____
Misrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Standby \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. \$ _____
Mileage \$ _____
Fluid Sampler \$ _____
Extra Charts \$ _____
Insurance \$ _____
Telecopier \$ _____
TOTAL \$ _____
STATE RECEIVED CORPORATION COMMISSION SEP 07 1994 WICHITA, KANSAS

Phone 913-483-2627, Russell, KS
 Phone 316-793-5861, Great Bend, KS

Phone 913-625-5516, Hays, KS
 Phone 913-672-3477, Olathe, KS

15-065-22745-00-00
 Phone 316-886-5926, Medicine Lodge, KS
 Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC. 0007721

Home Office P. O. Box 31

Russell, Kansas 67665

New

Date	8-8-94	Sec.		Twp.		Range		Called Out		On Location		Job Start		Finish	9:00 P.M.
Lease	Brassfield	Well No.	1	Location	Palco Books 5 9W			County		State	KS				
Contractor	Enphase Ditz R. y'8														
Type Job	Surface														
Hole Size	12 1/4	T.D.	218												
Csg.	8 1/8	Depth	216												
Tbg. Size		Depth	Ditz												
Drill Pipe		Depth	Ditz												
Tool		Depth	Ditz												
Cement Left in Csg.	10 15	Shoe Joint													
Press Max.		Minimum													
Meas Line		Displace	13 BBI												
Perf.															

EQUIPMENT

Pumptrk	No. 153	Cementer	Dave
		Helper	Mark
Pumptrk	No.	Cementer	
		Helper	
Bulktrk	160	Driver	Paul
Bulktrk		Driver	

DEPTH of Job		
Reference:	Pump trk chg	
	12 1/4 Per mile	
	8 1/8 wooden plug	
	Sub Total	
	Tax	
	Total	

Remarks: Cement Cir

Owner 1454 E Graham
 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 listed.

Charge To: *Drill Drilling Press Oil*
 Street: ORIGINAL
 City: State:

The above was done to satisfaction and supervision of owner agent or contractor.

Purchase Order No.
 X *Jack R. Fox*
CEMENT

Amount Ordered: *135.69 3% CC 2% gel.*

Consisting of
 Common
 Poz. Mix
 Gel.
 Chloride
 Quickset

Handling	
Mileage	
Sub Total	
Total	

Floating Equipment

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 STATE CORPORATION COMMISSION
 9-13-1994
 SEP 13 1994

CEMENTING CO., INC. 7001 ORIGINAL
 Home Office P. O. Box 31 Russell, Kansas 67665

Sec.	1	2	10 ⁵	22 ^W	Called Out	On Location	Job Start	Finish	
Well No.	1		Location		Dolan Reel Line GW		11:15 PM	1:30	
County	Graham		State		KS				
Emphasis	Dilig		Owner		IS '4E				
Type Job	Plug		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 listed.				
Hole Size	7 7/8		T.D.	3810		Charge To		Duke Dilg Co	
Csg.			Depth			Street			
Tbg. Size			Depth			City		State	
Drill Pipe			Depth			The above was done to satisfaction and supervision of owner agent or contractor.			
Tool			Depth			Purchase Order No.			
Cement Left in Csg.			Shoe Joint			X Jack B. F.			
Press Max.			Minimum			CEMENT			
Meas Line			Displace			Amount Ordered		190 ⁶⁹ 6% gel 4/16 flow-sol	
Perf.						Consisting of			

EQUIPMENT

No.	Cementer	
Pumptrk 177	Helper	Dave
No.	Cementer	Wick
Pumptrk	Helper	
	Driver	Mauch
Bulktrk 213		
Bulktrk	Driver	

DEPTH of Job

Reference:	Pump trk chg	
	2 1/2 Per mile	
	plug	
	Sub Total	
	Tax	
	Total	

Remarks:
 25 sk @ 1860
 100 @ 1035
 40 @ 270
 10 @ 40 w/c plug
 15 Ra-bale

Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	
	Sales Tax
Handling	
Mileage	
	Sub Total
	Total
Floating Equipment	

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 STATE CORPORATION COMMISSION
 9-13-1994
 SEP 13 1994

CONSERVATION DIVISION
 WICHITA, KANSAS