



KANSAS CORPORATION COMMISSION 1057938
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5030
Name: Vess Oil Corporation
Address 1: 1700 WATERFRONT PKWY BLDG 500
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 6619
Contact Person: Casey Coats
Phone: (316) 682-1537
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Roger Martin
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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 Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>04/11/2011</u>	<u>04/17/2011</u>	<u>05/02/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-015-23893-00-00
Spot Description: Approx. W/2 W/2 W/2
S2 SW SW NW Sec. 18 Twp. 26 S. R. 5 East West
2590 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Hess A Well #: 32
Field Name: El Dorado
Producing Formation: Viola, Simpson
Elevation: Ground: 1348 Kelly Bushing: 1354
Total Depth: 2614 Plug Back Total Depth: 2614
Amount of Surface Pipe Set and Cemented at: 258 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

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 07/28/2011



1057938

Operator Name: Vess Oil Corporation Lease Name: Hess A Well #: 32
 Sec. 18 Twp. 26 S. R. 5 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum SEE ATTACHED
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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	# Sacks Used	Type and Percent Additives
surface	12.25	8.625	23	258	Class A	150	3%
production	7.875	5.5	15.5	2609	Thick Set	125	

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 (Amount and Kind of Material Used)	Depth
6	2607-12	100 gal 20% mud acid	2607-12

TUBING RECORD: Size: <u>2.375</u> Set At: <u>2610</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>05/16/2011</u>		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. <u>100</u>	Gas Mcf	Water Bbls. <u>0</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2607-14</u>
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Form	ACO1 - Well Completion
Operator	Vess Oil Corporation
Well Name	Hess A 32
Doc ID	1057938

All Electric Logs Run

Dual Induction
Density Neutron
Micro Log
GR-CCL



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

UNIONBANK
1101 E. 11th St
Wichita, KS 67202
620/431-9210 • FAX 620/431-9212

APR 25 2011

INVOICE

Invoice # 2240502

Invoice Date: 04/22/2011 Terms: 0/0/30,n/30

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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67226
(316)682-1537

HESS A #32
30965
18-268-5E
04-11-11
KS

Part Number	Description	Qty	Unit Price	Total
11048	CLASS "A" CEMENT (SALE)	150.00	14.2500	2137.50
1102	CALCIUM CHLORIDE (50#)	400.00	.7000	280.00
1107	FLO-SEAL (25#)	75.00	2.2200	166.50

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
446 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
502 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	2584.00	Freight:	.00	Tax:	169.26	AR	3858.26
Labor:	.00	Misc:	.00	Total:	3858.26		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0806

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7684

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/872-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5289

WORLDWIDE, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/487-8676
FAX 620/431-0012

APR 25 2011

INVOICE

Invoice # 240630

Invoice Date: 04/22/2011 Terms: 0/0/30, n/30

Page 1

VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67226
(316) 682-1537

HESS A #32
30968
18-268-5E
04-18-11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	18.3000	2287.50
1110A	KOL SEAL (50# BAG)	650.00	.4400	286.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2000	50.00
4104	CEMENT BASKET 5 1/2"	2.00	229.0000	458.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00
1144	SP-402 (MOD CLEAN AGENT)	2.50	42.0000	105.00

Description	Hours	Unit Price	Total
467 CEMENT PUMP	1.00	975.00	975.00
467 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
502 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 4072.50 Freight: .00 Tax: 266.75 AR 5644.25
 Labor: .00 Misc: .00 Total: 5644.25
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

EUREKA, KS
620/563-7684

GILLETTE, WY
307/688-4914

OAKLEY, KS
785/872-2227

OTTAWA, KS
785/242-4044

TRAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-18-11	8511	Hess A #32	18	26.5	5E	Butler
CUSTOMER Vess Oil			Salty mud K J.S. Jid.			
MAILING ADDRESS 1700 waterfront Pkway bld 500						
CITY STATE ZIP CODE Wichita KS 67226						
TRUCK # DRIVER TRUCK # DRIVER						
			467	Jeff		
			502	Jerid		
			511	Jacob		

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH _____ DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 43 ft
 DISPLACEMENT 61.59 DISPLACEMENT PSI 500 MIX PSI 200 RATE 6.5 bpm

REMARKS: Salty mud, Run pipe placed centralizers at 1, 3, 5, 7, 9, 11 and placed baskets at 2, 11, used 43.9 ft shoe joint, run to bottom tiger and picked up 2 ft calculated hole for 45 min tied on and pumped mud flush flowed by 125 sks thick set 5/2 kal-seal, displaced 61.59 bbl with latch down plug ~~and~~ landing plug at 1000 psi float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	7	MILEAGE	4.00	N/C
5407	1	min bulk delivery	330.00	330.00
1126 A	125 sks	Thick set	18.30	2287.50
1110 A	650 lbs	Kal-Seal	0.44	286.00
1118 B	250 lbs	gel	0.20	50.00
4104	2	5/2 cement basket	229.00	458.00
4130	6	5/2 centralizer	48.00	288.00
4159	1	5/2 AFU Float shoe	344.00	344.00
4454	1	5/2 latch down plug	254.00	254.00
1144	2 1/2 gal	Dv 1100 mud flush	42.00	105.00
			Subtotal	5377.50
			SALES TAX	266.15
			ESTIMATED TOTAL	5643.65

Form 5737

240630

AUTHORIZATION Cotton TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.