



KANSAS CORPORATION COMMISSION 1062318
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>06/14/2011</u>	<u>06/21/2011</u>	<u>06/22/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-015-23902-00-00

Spot Description: _____
SW SE SW NE Sec. 25 Twp. 24 S. R. 4 East West

2540 Feet from North / South Line of Section

1690 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Butler

Lease Name: Phillips Mingenback Well #: 1

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 1448 Kelly Bushing: 1454

Total Depth: 2796 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 261 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 Garrison Date: 09/22/2011



1062318

Operator Name: Vess Oil Corporation Lease Name: Phillips Mingenback Well #: 1
 Sec. 25 Twp. 24 S. R. 4 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 <i>(Attach Additional Sheets)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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: Dual Induction Micro Density Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input 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	261	Class A	225	3% cc

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

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 type="checkbox"/> Open Hole <input 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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REPORT FORM <small>COMPLETION INSTRUCTIONS</small>	
1. TITLE AND SYNOPSIS a. TITLE b. SYNOPSIS	2. AUTHOR(S) a. NAME(S) b. ORGANIZATION(S)
3. SUBJECT TERMS a. NUMBER b. TERMS	4. AVAILABILITY STATEMENTS a. STATEMENT OF AVAILABILITY b. AVAILABILITY STATEMENTS
5. DISTRIBUTION STATEMENTS a. STATEMENT OF DISTRIBUTION b. DISTRIBUTION STATEMENTS	6. SUBJECT TERMS a. NUMBER b. TERMS
7. AUTHOR(S) a. NAME(S) b. ORGANIZATION(S)	8. AVAILABILITY STATEMENTS a. STATEMENT OF AVAILABILITY b. AVAILABILITY STATEMENTS
9. DISTRIBUTION STATEMENTS a. STATEMENT OF DISTRIBUTION b. DISTRIBUTION STATEMENTS	10. SUBJECT TERMS a. NUMBER b. TERMS

NO.	DESCRIPTION	UNIT	QTY	PRICE	TOTAL
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ATTACHMENT TO ACO-1

Phillips-Mingenback#1
 1690'fel, 2540'fnl
 Sec. 25-24S-04E
 Butler County, KS

	SAMPLE TOPS	LOG TOPS
Admire Sand	842 +613	841 +614
Burlingame	1006 +449	1005 +450
WC Lime	1103 +352	1103 +352
WC Sand	1108 +347	1110 +345
Topeka	1267 +188	1265 +190
Oread	1584 -129	1582 -127
Heebner	1620 -165	1618 -163
Douglas Sh	1651 -196	1650 -195
Lansing	1901 -446	1899 -444
KC	2181 -726	2179 -724
B/KC	2340 -885	2342 -887
Checkerboard	2422 -967	2420 -965
Hepler Sand	2439 -984	2447 -992
Pawnee	2498 -1043	2497 -1042
Cherokee	2559 -1104	2554 -1099
Ardmore	2604 -1149	NONE
Miss	2637 -1182	2635 -1180
Miss Chert	2637 -1182	2635 -1180
Miss Lime	2657 -1202	2658 -1203
Kinderhook	2690 -1235	2663 -1208
Hunton	2790 -1335	2786 -1331
PTD	2796 -1341	2793 -1338

DST #1 2608-2646 Zone: Miss Chert (2637-2647)

Times: 30-45-45-60

1st open: Weak 1/8" increased to 1/4"

2nd open: no blow for 10 min, weak on out

Rec: 233' TF: 52' WM(18-W, 82-M), 93' WM(16-W, 84-M), 58' WM(18-W, 82-M, scum O)

30' OCMW(4-O, 20-W, 76-M)

Tool: 8 -O, 65 -M, 27-W

IFP: 145-147

FFP: 152-146

ISIP: 586

FSIP: 579

IHP: 1202

FHP: 1200

TEMP 108 degrees

DST #2 2667-2796 Zone: Hunton (2690-2696)

Times: 30-45-45-60

1st open: btm bkt in 30 sec

2nd open: btm bkt in 60 sec, Dead in 27 min

Rec: 2200' : 248' MW(63-W, 37-M), 558' MW(79-W, 21-M), 1303' SW, 30'-SW

Tool: 100 -W Chlorides- 10500

IIP: 203-891

FFP: 864-992

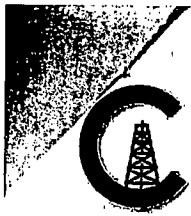
ISIP 992

FSIP: 992

IHP: 1224

FHP: 1201

TEMP 116 degrees



CONSOLIDATED
Oil Well Services, LLC

JUN 27 2011

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 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 242167

Invoice Date: 06/24/2011 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

PHILLIPS-MINGENBACK
31066
25-24S-4E
06-14-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	225.00	14.2500	3206.25
1102	CALCIUM CHLORIDE (50#)	560.00	.7000	392.00
1107	FLO-SEAL (25#)	225.00	2.2200	499.50
4106	8 5/8" CEMENT BASKET	2.00	320.0000	640.00

	Description	Hours	Unit Price	Total
290	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
290	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
434	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
442	MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts: 4737.75 Freight: .00 Tax: 310.33 AR 6423.08
Labor: .00 Misc: .00 Total: 6423.08
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

