

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 #: _____

04/28/2011	05/04/2011	05/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-015-23892-00-01

Spot Description: _____
SW NE NE NW Sec. 13 Twp. 26 S. R. 4 East West
400 Feet from North / South Line of Section
2140 Feet from East / West Line of Section

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

County: Butler
 Lease Name: Blair A Well #: 33
 Field Name: _____
 Producing Formation: Arbuckle
 Elevation: Ground: 1373 Kelly Bushing: 1379
 Total Depth: 2481 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 263 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: 1200 ppm Fluid volume: 200 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 Gansor Date: 11/09/2011

Operator Name: Vess Oil Corporation Lease Name: Blair A Well #: 33
 Sec. 13 Twp. 26 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Attached

Log Formation (Top), Depth and Datum Sample

Name Top Datum
 see attached

CASING RECORD New 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	263	Class A	185	3% cc
production	7.875	5.5	15.5	2445	Thickset	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

TUBING RECORD:		Size: <u>2.875</u>	Set At: <u>1058</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/25/2011</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>1</u>	Gas Mcf	Water Bbls. <u>315</u>	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2445-2481</u>
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Form	ACO1 - Well Completion
Operator	Vess Oil Corporation
Well Name	Bloir A 33
Doc ID	1067199

All Electric Logs Run

Dual Induction Log
Micro Log
Dual Comp Porosity Log
Sonic Cement Bond Log

Summary of Changes

Lease Name and Number: Bloir A 33

API/Permit #: 15-015-23892-00-01

Doc ID: 1067199

Correction Number: 2

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
API	15-015-23892-00-00	15-015-23892-00-01