



KANSAS CORPORATION COMMISSION 1108343
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>11/03/2012</u>	<u>11/07/2012</u>	<u>11/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-015-23959-00-00
Spot Description: _____
N2 NE SE NW Sec. 9 Twp. 25 S. R. 5 East West
1500 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Butler
Lease Name: Wilson A Well #: 445
Field Name: El Dorado

Producing Formation: Viola
Elevation: Ground: 1357 Kelly Bushing: 1363
Total Depth: 2495 Plug Back Total Depth: 2495
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: 9000 ppm Fluid volume: 500 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 Gantson Date: 01/22/2013



1108343

Operator Name: Vess Oil Corporation Lease Name: Wilson A Well #: 445
 Sec. 9 Twp. 25 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 type="checkbox"/> Yes <input checked="" 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 Dual Comp Porosity	<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	261	Class A	150	3% cc
production	7.875	5.5	14	2494	thickset	150	

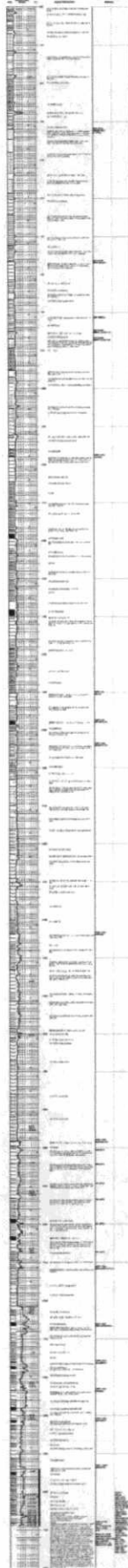
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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
4	2493.5 to 2495		

TUBING RECORD: Size: <u>2.875</u> Set At: <u>2472</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>12/15/2012</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>50</u>	Gas Mcf <u>0</u>	Water Bbls. <u>52</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>2493-2495</u>
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GENERAL INFORMATION	
Project Name:	
Location:	
Date:	
Scale:	
Drawn by:	
Checked by:	
Approved by:	



ATTACHMENT TO ACO-1

API #15-015-23959-0000
 WILSON A-445
 1500'FNL, 2310'FWL
 Sec. 9-25S-05E
 Butler County, KS

	Geo Samples KB 1363	Log Tops KB 1363
Admire 650	660 +703 fsfo	NONE
Burlingame	833 +530	834 +529
White Cloud Lm	925 +438	924 +439
White Cloud Sd	935 +428 vsso	934 +429
Topeka	1089 +274	1087 +276
Oread	1401 -38	1401 -38
Heebner	1438 -75	1437 -74
Douglas	1469 -106	1466 -103
Douglas Sand		1525 -162
Lansing	1718 -355	1717 -354
Lansing Base		1842 -479
Kansas City	1991 -628 SISO	1991 -628
Stark		2092 -729
B/KC	2157 -794	2156 -793
Checkerboard	2232 -869	2231 -868
Altamont	2280 -917	2277 -914
Pawnee	2317 -954	2315 -952
Cherokee	2356 -993	2354 -991
Ardmore Lm	2417 -1054	2417 -1054
Viola	2491 -1128 GSO	2490 -1127
PTD	2495 -1132	2494 -1131

DST #1 2420-2495 Zone: Viola

Times: 30-45-45-60

1st open: Btm bkt in 4 min

 NO BB

2nd open Btm bkt in 6 ½ min

 NO BB

Rec.: 782' TF: 108' VSIWHOCM, 20% oil, 1% water, 79% mud +

 496' GWHOCM, 23% oil, 11% gas, 14% water, 52% mud +

 DC 178' GOCMW 10% oil, 8% gas, 51% water, 31% mud.

Tool Sample: 11 % oil, 76% water, 13% mud.

IHP: 1182 FHP: 1181

IFP: 17-224 FFP: 229-368

ISIP: 576 FSIP: 578 TEMP: 103.8 degrees F



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 • 1-800/467-8676
Fax 620/431-0012

NOV 19 2012

INVOICE

Invoice # 254472

Invoice Date: 11/14/2012 Terms: 0/0/30,n/30

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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67206
(316) 682-1537

WILSON #445
35385
9-25S-5E
11-04-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	14.9500	2242.50
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
1107	FLO-SEAL (25#)	75.00	2.3500	176.25

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
446 EQUIPMENT MILEAGE (ONE WAY)	5.00	4.00	20.00
502 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	2714.75	Freight:	.00	Tax:	177.81	AR	4087.56
Labor:	.00	Misc:	.00	Total:	4087.56		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

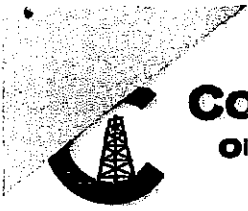
PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

TRAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



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 • 1-800/467-8676
Fax 620/431-0012

NOV 16 2012

INVOICE

Invoice # 254508

Invoice Date: 11/14/2012 Terms: 0/0/30,n/30

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VESS OIL CORPORATION
1700 WATER FRONT PKWAY BLD 500
WICHITA KS 67206
(316) 682-1537

WILSON A 445
35339
9-258-5E
11-08-12
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	125.00	18.8000	2350.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
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
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00

Description	Hours	Unit Price	Total
502 MIN. BULK DELIVERY	1.00	350.00	350.00
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	7.00	4.00	28.00

Parts: 4564.00 Freight: .00 Tax: 298.95 AR 6270.95
 Labor: .00 Misc: .00 Total: 6270.95
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

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