

STATE OF KANSAS
STATE CORPORATION COMMISSION
315 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-145-20.053-00-00

LEASE NAME Williams

WELL NUMBER 1

660 Ft. from S Section Line

660 Ft. from ^W E Section Line

SEC. 5 TWP. 20S RGE. 20W (E) or (W)

COUNTY Pawnee

Date Well Completed _____

Plugging Commenced 12-9-02

Plugging Completed 12-12-02

RECEIVED
DEC 18 2002
KCC WICHITA

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR VESS OIL CORPORATION

ADDRESS 8100 E. 22nd. St. North #300, Wichita, Ks. 67226

PHONE# (316) 682-1537 OPERATORS LICENSE NO. 5030

Character of Well Oil

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

Plugging proposal was approved on _____ (date)

by Mike Maier (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4350'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	275'	None
				5-1/2"	4340'	None

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs are used, state the character of same and depth placed, from _____ feet to _____ feet each set. Set CIBP @4255 and perforated @600'. Dumped 2 sacks cement on top of CIBP. Ran 2" tubing down 5-1/2" to 1400' and circulated 120 sacks cement and 150# hulls. Pulled tubing out tied onto 5-1/2" casing and pumped 210 sacks cement and 50# hulls. Set in @500#, tied onto surface, pumped 20 sacks cement, shut in 500#. Used 60/40 pos. 6% gel. Topped off well Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Vess Oil Corporation

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to be the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 16th day of December, 2002

[Signature]
Notary Public

My Commission Expires: _____

