



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1094835  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- 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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

|                                   |                 |   |
|-----------------------------------|-----------------|---|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1094835

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| CASING RECORD <input 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 |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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:<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |  |   |
|--|--|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|--|---|

# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5484

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422  
Office / Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

|                                     |                   |          |       |      |                         |          |    |                        |      |       |   |                            |  |             |      |  |  |
|-------------------------------------|-------------------|----------|-------|------|-------------------------|----------|----|------------------------|------|-------|---|----------------------------|--|-------------|------|--|--|
| Date                                | 5-30-12           | Sec.     | 31    | Twp. | 28                      | Range    | 22 | County                 | Ford | State | KS  | On Location                |  | Finish      | 1:30 |  |  |
| Lease                               | Imel              | Well No. | 31-12 |      |                         | Location |    |                        |      |       |   | Kingsdown 2N 1E 1/2N Finto |  |             |      |  |  |
| Contractor                          | Val 1             |          |       |      | Owner                   |          |    |                        |      |       | To Quality Well Service, Inc.<br>You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. |                            |  |             |      |  |  |
| Type Job                            | Rotary Plug       |          |       |      | T.D.                    |          |    |                        |      |       | Charge To   |                            |  |             |      |  |  |
| Hole Size                           |                   |          |       |      | Depth                   |          |    |                        |      |       | Vincent Oil Corp.   |                            |  |             |      |  |  |
| Csg.                                |                   |          |       |      | Depth                   |          |    |                        |      |       | Street  |                            |  |             |      |  |  |
| Tbg. Size                           |                   |          |       |      | Depth                   |          |    |                        |      |       | City  |                            |  |             |      |  |  |
| Tool                                |                   |          |       |      | Depth                   |          |    |                        |      |       | State   |                            |  |             |      |  |  |
| Cement Left in Csg.                 |                   |          |       |      | Shoe Joint              |          |    |                        |      |       | The above was done to satisfaction and supervision of owner agent or contractor.  |                            |  |             |      |  |  |
| Meas Line                           |                   |          |       |      | Displace                |          |    |                        |      |       | Cement Amount Ordered   |                            |  |             |      |  |  |
| <b>EQUIPMENT</b>                    |                   |          |       |      |                         |          |    | 1/4# C.F.              |      |       |   |                            |  |             |      |  |  |
| Pumptrk                             | 8                 | No.      | Dave  |      |                         | Common   |    |                        |      |       |   | 102                        |  |             |      |  |  |
| Bulktrk                             | 7                 | No.      | Mike  |      |                         | Poz. Mix |    |                        |      |       |   | 68                         |  |             |      |  |  |
| Bulktrk                             |                   | No.      |       |      |                         | Gel.     |    |                        |      |       |   | 6                          |  |             |      |  |  |
| Pickup                              |                   | No.      |       |      |                         | Calcium  |    |                        |      |       |   |                            |  |             |      |  |  |
| <b>JOB SERVICES &amp; REMARKS</b>   |                   |          |       |      |                         |          |    | Hulls                  |      |       |   |                            |  |             |      |  |  |
| Rat Hole                            | 30sx 60/40 4% Gel |          |       |      | Salt                    |          |    |                        |      |       |   |                            |  |             |      |  |  |
| Mouse Hole                          | 20sx 60/40 4% Gel |          |       |      | Flowseal                |          |    |                        |      |       | 42.5  |                            |  |             |      |  |  |
| Centralizers                        |                   |          |       |      | Kol-Seal                |          |    |                        |      |       |   |                            |  |             |      |  |  |
| Baskets                             |                   |          |       |      | Mud CLR 48              |          |    |                        |      |       |   |                            |  |             |      |  |  |
| D/V or Port Collar                  |                   |          |       |      | CFL-117 or CD110 CAF 38 |          |    |                        |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Sand                   |      |       |   |                            |  |             |      |  |  |
| 1st Pumped 50sx 60/40 4% Gel @ 700' |                   |          |       |      |                         |          |    | Handling               |      |       |   |                            |  | 176         |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Mileage                |      |       |   |                            |  | 50          |      |  |  |
|                                     |                   |          |       |      |                         |          |    | <b>FLOAT EQUIPMENT</b> |      |       |   |                            |  |             |      |  |  |
| 2nd Pumped 50sx 60/40 4% Gel @ 500' |                   |          |       |      |                         |          |    | Guide Shoe             |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Centralizer            |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Baskets                |      |       |   |                            |  |             |      |  |  |
| 3rd Pumped 20sx 60/40 4% Gel @ 60'  |                   |          |       |      |                         |          |    | AFU Inserts            |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Float Shoe             |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Latch Down             |      |       |   |                            |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Pumptrk Charge         |      |       |   |                            |  | Rotary Plug |      |  |  |
|                                     |                   |          |       |      |                         |          |    | Mileage                |      |       |   |                            |  | 50          |      |  |  |
|                                     |                   |          |       |      |                         |          |    |                        |      |       |   | Tax                        |  |             |      |  |  |
|                                     |                   |          |       |      |                         |          |    |                        |      |       |   | Discount                   |  |             |      |  |  |
| X Signature <i>Pat Hull</i>         |                   |          |       |      |                         |          |    |                        |      |       |   | Total Charge               |  |             |      |  |  |

31-28-22W

State Geological **K.G.S. LIBRARY**  
WICHITA BRANCH

~~CONFIDENTIAL~~

ACC-1

This form must be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within five days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Please type. Complete ALL sections. Applications must be filed for dual completion, commingling, salt water disposal and injection. Attach wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.) KCC#-(316) 263-3238.

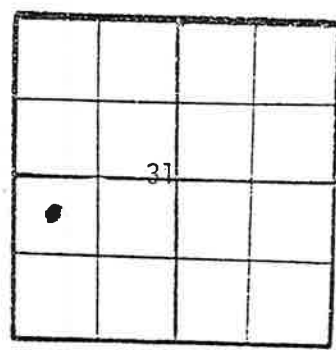
OPERATOR Samuel Gary Oil Producer API NO. 15-057-20,246  
ADDRESS Four Inverness Court East COUNTY Ford  
Englewood, Colorado 80112 FIELD W/C  
\*CONTACT PERSON F. F. Farnham LEASE Imel  
PHONE (303) 773-3800, ext. 230

PURCHASER N/A WELL NO. 31-12  
ADDRESS \_\_\_\_\_ WELL LOCATION NW SW  
770 Ft. from North  $\frac{1}{4}$  Line and  
590 Ft. from West \_\_\_\_\_ Line of  
the 31 SEC. 28 TWP. 22 RGE.W

DRILLING CONTRACTOR Big "A" Drilling  
ADDRESS 717 17th Street, Suite 2860  
Denver, Colorado 80202

PLUGGING CONTRACTOR Halliburton  
ADDRESS P.O. Drawer 1431 Duncan, OK 73536  
TOTAL DEPTH 6014' PBDT N/A

SPUD DATE 9/19/81 DATE COMPLETED 10/3/81  
ELEV: GR 2500 DF 2509 KB 2510'



WELL PLAT  
~~XXXXXXXX~~  
or (Full) Section - Please indicate.

KGS ✓  
PLUG ✓

DRILLED WITH ~~XXXXXX~~ (ROTARY) ~~(MTR)~~ TOOLS  
Report of all strings set — surface, intermediate, production, etc. (New)/(Used) casing.

| Purpose of string | Size hole drilled | Size casing set (in O.D.) | Weight lbs/ft. | Setting depth | Type cement | Sacks            | Type and percent additives |
|-------------------|-------------------|---------------------------|----------------|---------------|-------------|------------------|----------------------------|
| Surface Csg       | 12 1/2"           | 8-5/8"                    | 23#            | 554'          | Lite Common | 150 sx<br>200 sx | 2% gel, 3% cc              |
|                   |                   |                           |                |               |             |                  |                            |
|                   |                   |                           |                |               |             |                  |                            |

| LINER RECORD |            |              | PERFORATION RECORD |             |                |
|--------------|------------|--------------|--------------------|-------------|----------------|
| Top ft       | Bottom, ft | Sacks cement | Shots per ft.      | Size & type | Depth interval |
| N/A          |            |              | N/A                |             |                |
|              |            |              |                    |             |                |
|              |            |              |                    |             |                |

| TUBING RECORD |               |               |
|---------------|---------------|---------------|
| Size          | Setting depth | Packer set at |
| N/A           |               |               |
|               |               |               |
|               |               |               |

| ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD |                             |
|---|-----------------------------|
| Amount and kind of material used            | Depth interval treated, ft. |
|   |                             |
|   |                             |
|   |                             |

| TEST DATA   |  | PRODUCTION               |                     |
|---|--|--------------------------|---------------------|
| Date of first production<br><u>Plugged</u>              | Producing method <u>flowing, pumping, gas lift, etc.</u> | Specific Gravity         |                     |
| RATE OF PRODUCTION PER 24 HOURS                         | Oil _____ Gas _____                                      | Date: <u>AUG 1 1982</u>  | Gas-oil ratio _____ |
| Disposition of gas <u>vented used on lease or sold.</u> | bbbls _____ MCF _____                                    | Producing interval _____ | CFR _____           |

**RELEASED**  
AUG 1 1982  
CONFIDENTIAL

\*\* The person who can be reached by phone regarding any questions concerning this information.  
A witnessed initial test by the Commission is required if the well produces more than 25 BOPD or is located in a Basic Order Pool.

Type of lowest fresh water producing stratum Ogallala Depth 365'  
 Estimated height of cement behind pipe To surface

**WELL LOG**

Show all important zones of porosity and contents thereof; cored intervals and all drill stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries

SHOW GEOLOGICAL MARKERS, LOGS RUN OR OTHER DESCRIPTIVE INFORMATION

| FORMATION DESCRIPTION, CONTENTS, ETC.  | TOP | BOTTOM | NAME | DEPTH |
|--|-----|--------|------|-------|
| Geological report has been sent to Kansas Geological Survey. Samuel Gary Oil Producer is requesting that down-hole geological information including drill cuttings, all wireline logs, surveys, and driller's logs be kept in Confidential Status for a period of one (1) year from the date of receipt as indicated under Kansas Regulation 82-2-125. |     |        |      |       |

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

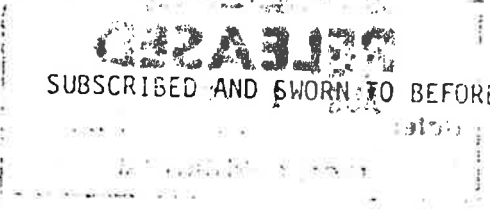
A F F I D A V I T

STATE OF Colorado, COUNTY OF Denver SS,

Frank E. Farnham OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS D & P Manager FOR Samuel Gary Oil Producer OPERATOR OF THE Imel LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. 31-12 ON SAID LEASE HAS BEEN COMPLETED AS OF THE 3rd DAY OF October 19 81, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.



(S) Frank E. Farnham

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF November 19 81

Linda Ballas  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/15/81

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 26, 2012

M.L. Korphage  
Vincent Oil Corporation  
155 N MARKET STE 700  
WICHITA, KS 67202-1821

Re: ACO1  
API 15-057-20246-00-01  
Imel 31-12  
SW/4 Sec.31-28S-22W  
Ford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
M.L. Korphage