



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097741
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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____



1097741

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

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				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<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 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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Lix 2-4
Doc ID	1097741

Tops

Name	Top	Datum
Heebner Shale	4175	(-1643)
Brown Limestone	4268	(-1736)
Lansing	4278	(-1746)
Stark Shale	4593	(-2061)
Base Kansas City	4713	(-2181)
Pawnee	4800	(-2268)
Cherokee Shale	4847	(-2315)
Base Penn Limestone	4946	(-2414)
Morrow Sand	4948	(-2416)
LTD	4960	(-2428)

QUALITY WELL SERVICE, INC.

5589

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

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

Date	6-19-12	Sec.	4	Twp.	26	Range	24	County	Ford	State	KS	On Location		Finish	12:30pm - 1:30pm
Lease	L.V.	Well No.	2-4		Location Dodge City, KS 293-5634 2N 2W N10										
Contractor	Duke #1				Owner										
Type Job	Surface				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Hole Size	12 1/4		T.D.		300										
Csg.	8 5/8		Depth		299										
Tbg. Size			Depth		Charge To Vincent Oil Corp										
Tool			Depth		Street										
Cement Left in Csg.	15 cL		Shoe Joint		City State										
Meas Line			Displace		17.5										
Cement Amount Ordered											225 sr com 3%CC 2%gel				
EQUIPMENT															
Pumptrk	No.	2		Cody		Common 225									
Bulktrk	No.	5		mud		Poz. Mix									
Bulktrk	No.					Gel. 4									
Pickup	No.					Calcium 8									
JOB SERVICES & REMARKS															
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal 56.25														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
Run 7 hrs of 8 5/8 casing and landing st															
CFL-117 or CD110 CAF 38															
Sand															
Handling															
Mileage 50															
FLOAT EQUIPMENT															
Hooked up and mixed 225 sr and															
2 sp with 175 bbl 420 - Shut in @															
300 psi															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Cement + D. & Circulate to surface															
8 5/8 wooden Plug															
Pumptrk Charge surface															
Thank You!!															
Mileage 50															
Tax															
Discount															
Total Charge															
X Signature Mike Coffey															

ALLIED OIL & GAS SERVICES, LLC 053970

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Gresham, KS

DATE <u>6-28-2012</u>	SEC <u>4</u>	TWP <u>26s</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION <u>2:30 AM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>9:00 AM</u>
LEASE <u>Lix</u>	WELL# <u>2-4</u>	LOCATION <u>Wright les 2 north,</u>			COUNTY <u>Fors</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>2 West, Ninto</u>			

CONTRACTOR D Vice #1 OWNER Vincent Oil Co.

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4960'
 CASING SIZE 5 1/2 14# DEPTH 4960'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 115 1/2 bbls of freshwater

CEMENT
 AMOUNT ORDERED 50 Sx 60:40:40 Gal
175 Sx C1955 # ASC + 5# Kalseal
- 50# FL160

COMMON	<u>30</u>	@ <u>16.25</u>	<u>487.50</u>
POZMIX	<u>20</u>	@ <u>8.50</u>	<u>170.00</u>
GEL	<u>1</u>	@ <u>21.25</u>	<u>21.25</u>
CHLORIDE		@	
ASC	<u>175</u>	@ <u>19.00</u>	<u>3325.00</u>
		@	
	<u>FL 160</u>	@ <u>17.20</u>	<u>1410.00</u>
	<u>Kalseal</u>	@ <u>.89</u>	<u>778.25</u>
		@	
		@	
		@	
		@	
HANDLING	<u>272.95</u>	@ <u>2.10</u>	<u>573.19</u>
MILEAGE	<u>11.94 x 50x</u>	@ <u>2.35</u>	<u>1402.90</u>
			TOTAL <u>8169.04</u>

EQUIPMENT

PUMP TRUCK CEMENTER Derin F.
 # 378 HELPER Kerry
 BULK TRUCK
 # 544-198 DRIVER Kevin W.
 BULK TRUCK
 # DRIVER

REMARKS:

Pipe on bottom & broke circulation
Pump 3 bbls water, 500 gals ASF, 3 bbls
water, mix 30% cement for rethole, mix
20% cement for main hole, mix 175% of
of cement, shut down, Release plus
start & spigot mean lift pressure &
81 bbls, slow rate to 300m @ 110 bbls
bump plus @ 115 1/2 bbls 1000-1500 psi
flow & 2 hold

SERVICE

DEPTH OF JOB	<u>4960'</u>		
PUMP TRUCK CHARGE		@ <u>2405.00</u>	
EXTRA FOOTAGE		@	
MILEAGE Hum	<u>50</u>	@ <u>7.00</u>	<u>350.00</u>
MANIFOLD Hesa rents		@	
	<u>Hum 50</u>	@ <u>4.00</u>	<u>200.00</u>
		@	
			TOTAL <u>2955.00</u>

CHARGE TO: Vincent Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2

1-Rubber plus	@ <u>73.00</u>	<u>73.00</u>
1-Guide shoe	@ <u>240.00</u>	<u>240.00</u>
1-AFU Insert	@ <u>286.00</u>	<u>286.00</u>
1-Port collar	@ <u>2600.00</u>	<u>2600.00</u>
1-Basket	@ <u>337.00</u>	<u>337.00</u>
6-Centrifizers	@ <u>49.00</u>	<u>294.00</u>
TOTAL <u>3830.00</u>		

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 14954.04
 DISCOUNT 20% 2990.00 IF PAID IN 30 DAYS
11963.23

PRINTED NAME X ERIC HAGANS
 SIGNATURE X Eric Hagans
Thank you!!!

ALLIED OIL & GAS SERVICES, LLC 053974

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, ks

DATE <u>7-6-2012</u>	SEC. <u>4</u>	TWP. <u>26S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00pm</u>	JOB FINISH <u>3:00pm</u>
LEASE <u>Lix</u>	WELL # <u>2-4</u>	LOCATION <u>Wright, ks, 2 hours</u>			COUNTY <u>Ford</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>2 West, north, into</u>					

CONTRACTOR H-D Well Service OWNER Vincenz Oil Co.

TYPE OF JOB Port collar

HOLE SIZE _____ T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE 2 7/8 DEPTH 1692'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____

CEMENT
 AMOUNT ORDERED 210s x 65.35; 6% Gel
1/4 # Flores 1

PERFS. _____
 DISPLACEMENT 9 3/4 bbls of freshwater

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
AW-810s Type 1 @ 15.00 350.00
Flores 100# @ 2.70 270.00

EQUIPMENT
 PUMP TRUCK CEMENTER Darin F
#558-545 HELPER Eddie P
 BULK TRUCK
#356-290 DRIVER Brendon B
 BULK TRUCK
 # DRIVER

HANDLING 23.73 @ 2.10 498.93
 MILEAGE 9.73 ton x 2.35 x 50 1143.28
 TOTAL \$505.21

REMARKS:

Hook up to well head, test tool to 800psi, Release pressure, establish circulation with 10 bbls water, mix 210s of cement, displace 9 3/4 bbls water, shut down, close tool, pressure to 800psi, Release Run 5 joints in, Reverse out with 20 bbls

SERVICE

DEPTH OF JOB 1692'
 PUMP TRUCK CHARGE _____ 1925-
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 50 @ 7.00 350-
 MANIFOLD _____ @ _____
LV 50 @ 4.00 200-

TOTAL \$2475.00

CHARGE TO: Vincenz Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
none @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME ERIK HAGANS

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES \$7531.21

DISCOUNT 20% \$1506.24 IF PAID IN 30 DAYS

Net \$6024.97



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corp.

4/26/24

155 N. Market Wichita Ks. 67202

Lix 2-4

Job Ticket: 47637

DST#: 1

ATTN: Ken

Test Start: 2012.06.26 @ 21:45:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

31 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
3840.00	10%gas 80%oil trace of mud	33.572

Total Length: 3840.00 ft Total Volume: 33.572 bbl

Num Fluid Samples: 0

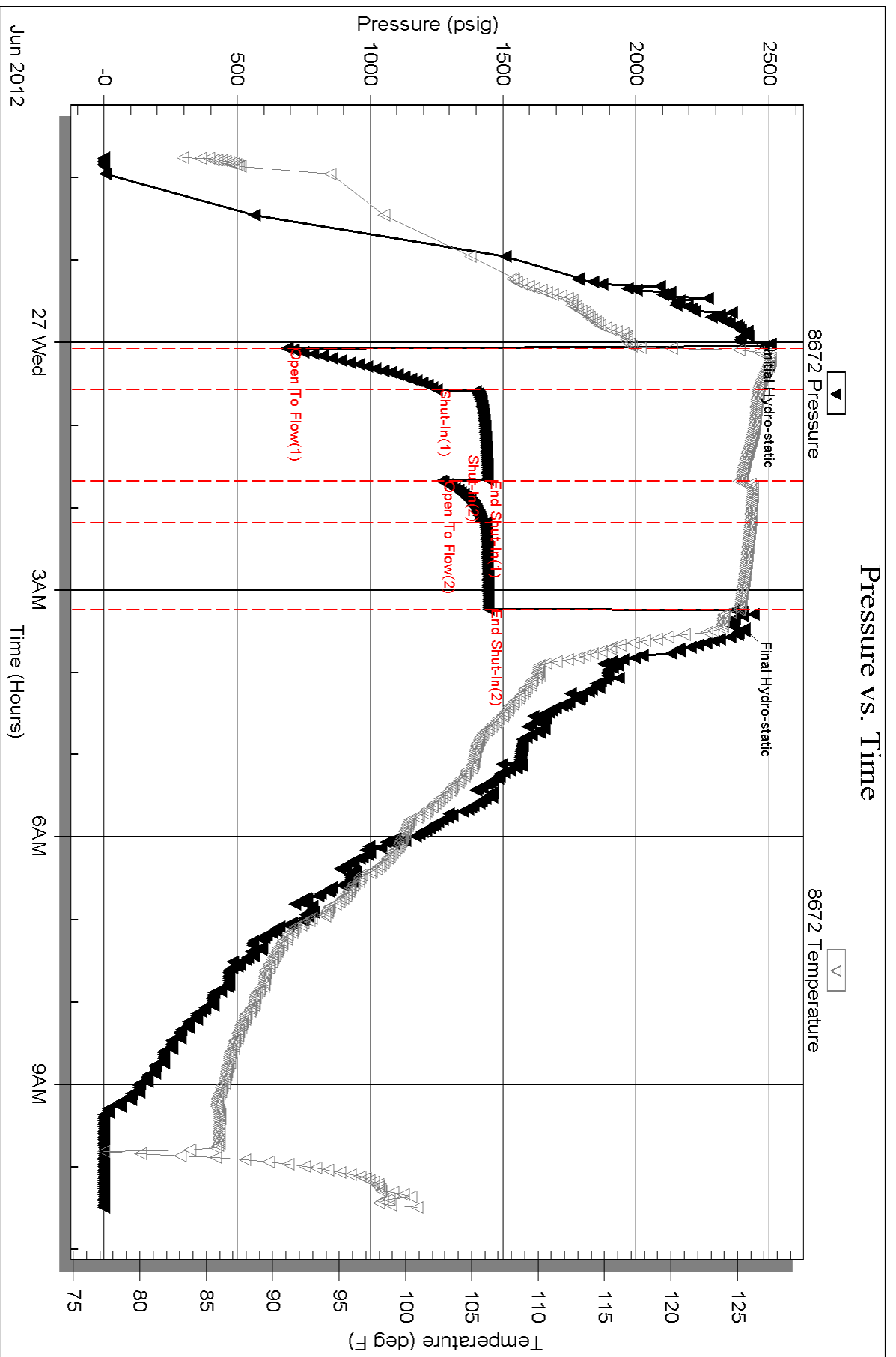
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Oil API=31corr.



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

October 17, 2012

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

Re: ACO1
API 15-057-20815-00-00
Lix 2-4
SE/4 Sec.04-26S-24W
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