



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1099588
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
-----------------------------------	-----------------	---

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: _____



1099588

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Keller 1-26
Doc ID	1099588

All Electric Logs Run

Dual Induction
Density - Neutron
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Keller 1-26
Doc ID	1099588

Tops

Name	Top	Datum
Heebner Shale	4343	(-1815)
Brown Limestone	4482	(-1954)
Lansing	4495	(-1967)
Stark Shale	4822	(-2294)
Pawnee	5020	(-2492)
Cherokee Shale	5070	(-2542)
Base Penn Limestone	5171	(-2643)
Mississippian	5202	(-2674)
LTD	5396	(-2868)

ALLIED OIL & GAS SERVICES, LLC 053707

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>7-6-12</u> <u>7-7-12</u>	SEC. <u>26</u>	TWP. <u>28S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 pm</u>	JOB FINISH <u>7:00 pm</u>	
LEASE <u>Well-</u>	WELL # <u>1-26</u>	LOCATION <u>Food US North To Saddle</u>			COUNTY <u>Food</u>	STATE <u>KS</u>		
OLD OR <u>(NEW)</u> (Circle one)		RD <u>west To 123 RD South Deadend to west south 1/2 To</u>						

CONTRACTOR <u>Duke 20</u>	OWNER <u>Vincent oil Co-p</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>625</u>
CASING SIZE <u>8 3/4</u>	DEPTH <u>620</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.33</u>
CEMENT LEFT IN CSG. <u>40.33</u>	
PERFS.	
DISPLACEMENT <u>37 BBLS 4-csh</u>	
EQUIPMENT	

PUMP TRUCK	CEMENTER <u>Wayne</u>
# <u>366</u>	HELPER <u>maulin</u>
BULK TRUCK	
# <u>347 356/219</u>	DRIVER <u>Brandon Troy</u>
BULK TRUCK	
# <u>482/188</u>	DRIVER <u>Joel</u>

CEMENT			
AMOUNT ORDERED	<u>275 SX 60/40 + 6% GEL + 3% GEL</u>		
	<u>100 SX Glass A + 3% GEL + 2% GEL</u>		
COMMON	<u>100</u>	@ <u>16.25</u>	<u>1625.00</u>
POZMIX		@	
GEL	<u>2</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE	<u>12</u>	@ <u>58.20</u>	<u>698.40</u>
ASC		@	
<u>hisc wt</u>	<u>275</u>	@ <u>14.50</u>	<u>3987.50</u>
<u>Plas seal</u>	<u>69</u>	@ <u>2.70</u>	<u>186.30</u>
		@	
		@	
		@	
		@	
HANDLING	<u>423.28</u>	@ <u>2.10</u>	<u>888.88</u>
MILEAGE	<u>17.83 x 50 x 2.35</u>		<u>2095.02</u>
			TOTAL <u>9,523.60</u>

REMARKS:

Pipe on Bottom B-csh circulation
with Rig mud
Run 5 BBLS water Ahead
Mix 275 SX 60/40 + 6% GEL + 3% GEL + 4% H2O
Fill 100 SX Glass A + 3% GEL + 2% GEL
Shut Down Release Plug
Displace 37 BBLS 4-csh water -
Land plug at 700PS. Shut in
Cement did circulate

SERVICE

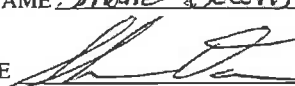
DEPTH OF JOB	<u>620</u>		
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	<u>320</u>	@ <u>.95</u>	<u>304.00</u>
MILEAGE	<u>Hum 50</u>	@ <u>7.00</u>	<u>350.00</u>
MANIFOLD	<u>Hum 50</u>	@ <u>4.00</u>	<u>200.00</u>
	<u>7 Hrs wait Time</u>	@ <u>400.00</u>	<u>2800.00</u>
	<u>12 Hrs wait Time</u>	@ <u>400.00</u>	<u>NC</u>
			TOTAL <u>4,779.00</u>

CHARGE TO: Vincent oil Co-p
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Baffle Plate</u>	@ <u>112.00</u>	<u>112.00</u>
<u>Rubber Plug</u>	@ <u>112.00</u>	<u>112.00</u>
	@	
	@	
	@	
		TOTAL <u>224.00</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.

PRINTED NAME Shane Downs
SIGNATURE 

SALES TAX (If Any)	<u>60</u>
TOTAL CHARGES	<u>14,526.60</u>
DISCOUNT	<u>25% 3,631.65</u>
	IF PAID IN 30 DAYS
	<u>10,894.95</u>



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Vincent Oil Corp

26-28s-23w

155 N Market STE700
Wichita KS 67202

Keller #1-26

Job Ticket: 47564

DST#: 1

ATTN: ML Korphage/Ken Lebl

Test Start: 2012.07.15 @ 05:32:11

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:48:11

Time Test Ended: 15:41:26

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: 47

Interval: 5175.00 ft (KB) To 5270.00 ft (KB) (TVD)

Reference Elevations: 2528.00 ft (KB)

Total Depth: 5270.00 ft (KB) (TVD)

2516.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 12.00 ft

Serial #: 6773 Outside

Press @ Run Depth: 161.12 psig @ 5176.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.07.15

End Date:

2012.07.15

Last Calib.:

2012.07.15

Start Time:

05:32:16

End Time:

15:41:26

Time On Btm:

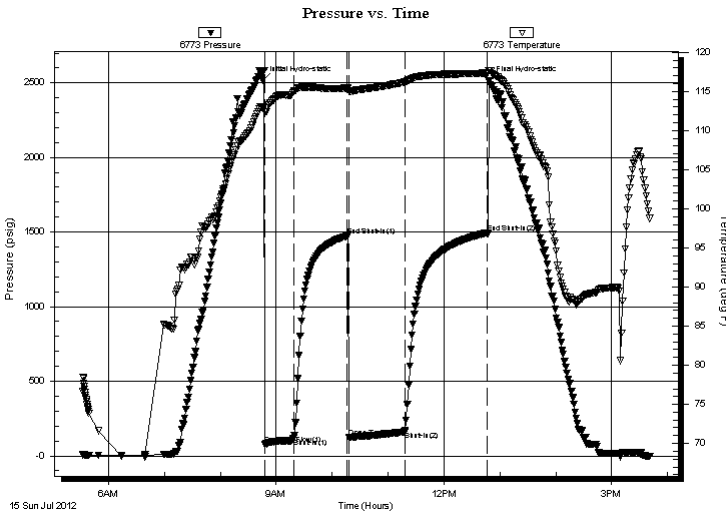
2012.07.15 @ 08:45:56

Time Off Btm:

2012.07.15 @ 12:48:26

TEST COMMENT: IF: Strong blow BOB 9min
IS: No blow back
FF: Strong blow BOB 9min
FS: Weak blow back 2"

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2516.48	112.97	Initial Hydro-static
3	77.10	112.36	Open To Flow (1)
33	119.92	114.97	Shut-In(1)
91	1475.15	115.43	End Shut-In(1)
93	125.18	115.05	Open To Flow (2)
152	161.12	116.19	Shut-In(2)
241	1495.94	117.36	End Shut-In(2)
243	2515.19	117.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	0,M,W 1%oil 39%mud60%w ater	0.44
180.00	M,W 20%mud 80% w ater	2.50
0.00	540' GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corp

26-28s-23w

155 N MarketSTE700
Wichita KS 67202

Keller #1-26

Job Ticket: 47564

DST#: 1

ATTN: ML Korphage/Ken Lebl

Test Start: 2012.07.15 @ 05:32:11

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.76 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6800.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	0,M,W 1%oil 39%mud60%w ater	0.443
180.00	M,W 20%mud 80% w ater	2.498
0.00	540' GIP	0.000

Total Length: 270.00 ft Total Volume: 2.941 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

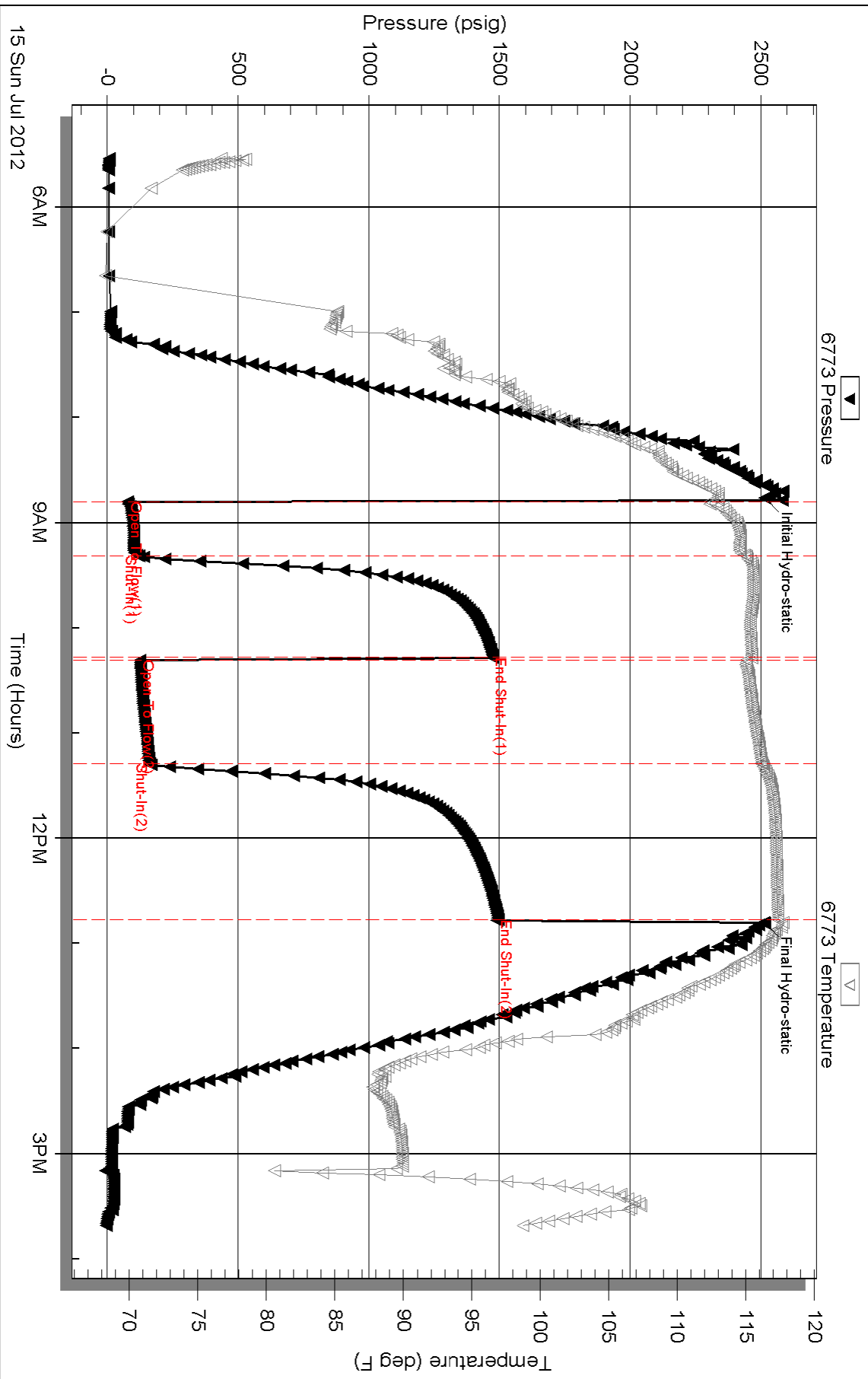
Serial #: 6773

Outside Vincent Oil Corp

Keller #1-26

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 47564

Printed: 2012.07.15 @ 23:28:30

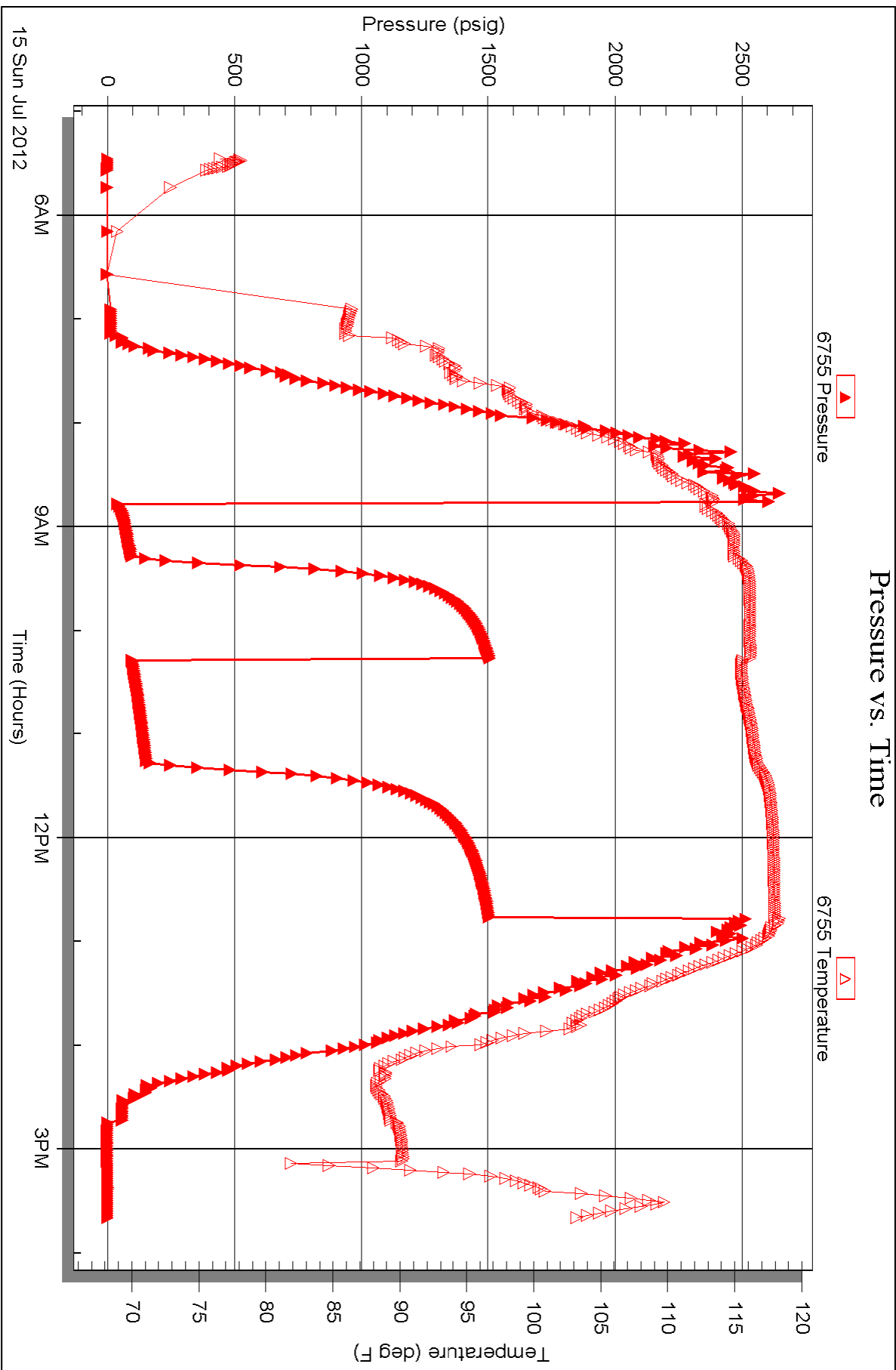
Serial #: 6755

Inside

Vincent Oil Corp

Keller #1-26

DST Test Number: 1



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

November 02, 2012

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

Re: ACO1
API 15-057-20818-00-00
Keller 1-26
NE/4 Sec.26-28S-23W
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