



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102026
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: _____



1102026

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <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

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Lokken 1-29
Doc ID	1102026

All Electric Logs Run

Dual Induction
Density - Neutron
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Lokken 1-29
Doc ID	1102026

Tops

Name	Top	Datum
Heebner Shale	4365	(-1791)
Brown Limestone	4501	(-1927)
Lansing	4510	(-1936)
Stark Shale	4852	(-2278)
Pawnee	5086	(-2512)
Cherokee Shale	5138	(-2564)
Base Penn Limestone	5247	(-2673)
Mississippian	5297	(-2763)
RTD	5420	(-2846)

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Lokken 1-29
Doc ID	1102026

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	Perf 5334' to 5339' & 5302' to 5308'	Ran tubing, acidized perfs w/ 750 gal (15% MCA)	
		rigged up to swab, swab emul oil & spent acid	
		KO & flow at final rate 4 bbl/hr, SION	
		Flow test at good rate, SION, SITP 280#, killed w/ KCL wtr	
		Swab dwn, , SICP 175#, SITP 25#, Swab dwn	
		ran rods, DHP , set prod equip, POP	

Lakken

ALLIED OIL & GAS SERVICES, LLC 053859

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lake, KS

DATE <i>07-24-12</i>	SEC <i>29</i>	TWP <i>27S</i>	RANGE <i>24W</i>	CALLED OUT	ON LOCATION	JOB START <i>4:30 AM</i>	JOB FINISH <i>3:30 PM</i>
LEASE <i>Lakken</i>	WELL # <i>1-29</i>	LOCATION <i>mm/9 on 54^W, 2N on land #1</i>			COUNTY <i>Ford</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>w/into</i>			<i>1.01</i>	<i>11.95</i>	

CONTRACTOR *Val #1* OWNER *Vincent*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *644*

CASING SIZE *8 5/8* DEPTH *646*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *25'*

PERFS.

DISPLACEMENT *39% Bbls Fresh H₂O*

CEMENT

AMOUNT ORDERED *175sx65:35:6%gel + 3%acc + 1/4 # Flaseal + 150sx class # + 4.3%acc + 2%gel*

COMMON class to 150sx @ *16.25* *2437.50*

POZMIX @

GEL *35y* @ *21.25* *63.75*

CHLORIDE *55y* @ *58.20* *291.00*

ASC @

PLU *175sx* @ *14.50* *2537.50*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio / D. Franklin*

548-545 HELPER *H. Piper 2*

BULK TRUCK

421-252 DRIVER *T. Lenz 3*

BULK TRUCK

DRIVER

HANDLING *333* @ *2.25* *749.25*

MILEAGE *333/111.75* *2747.25*

TOTAL *8,826.25*

24975

REMARKS:

See Job Log

Cement did circulate

HX

SERVICE

DEPTH OF JOB *644'*

PUMP TRUCK CHARGE *1125.00*

EXTRA FOOTAGE *344* @ *0.95* *326.80*

MILEAGE *75* @ *7.00* *525.00*

MANIFOLD head rental @ *200.00*

Light Vehicle 75 @ *4.00* *300.00*

CHARGE TO: *Vincent*

STREET

CITY STATE ZIP

TOTAL *2476.80*

PLUG & FLOAT EQUIPMENT

L-TRP @ *112.00*

TOTAL *112.00*

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) *432.61*

TOTAL CHARGES ~~1125.00~~ *\$11,415.05*

DISCOUNT *4617.45* IF PAID IN 30 DAYS

Field Estimate

PRINTED NAME *TERRY MADLINSR DR*

SIGNATURE *[Signature]*

Bid = 6797.60

Jan. 13 2019

ALLIED OIL & GAS SERVICES, LLC 053986

Federal Tax I.D.# 20-5875884

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

SERVICE POINT:

Medicine Lodge

DATE <u>8-2-2012</u>	SEC <u>29</u>	TWP <u>29S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Lokken</u>	WELL# <u>1-29</u>	LOCATION <u>Bloom, KS west on 54 to</u>	COUNTY <u>Ford</u>	STATE <u>Ks</u>			
OLD OR (NEW) (Circle one)			<u>mm #69, Zheron, Wostikro</u>		<u>1.02</u>	<u>7.95</u>	

CONTRACTOR UGI #1

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5420'

CASING SIZE 4 1/2 14.62 DEPTH 5412'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 12'

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 6.5 hrs to KCL WCL

OWNER Vincent Oil Co.

CEMENT

AMOUNT ORDERED 50s, 60, 40, 40, 60,
175s, 20s, 25s, 175s, 25s, 25s, 10s, 10s, 10s

COMMON <u>CLASS A</u>	<u>30s</u>	@ <u>16.25</u>	<u>487.50</u>
POZMIX	<u>20s</u>	@ <u>8.50</u>	<u>170.00</u>
GEL	<u>25s</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE			
ASC <u>CLASS B</u>	<u>175</u>	@ <u>19.00</u>	<u>3325.00</u>
<u>Kellogg</u>	<u>825</u>	@ <u>0.89</u>	<u>738.75</u>
<u>FL160</u>	<u>825</u>	@ <u>17.20</u>	<u>1410.40</u>
<u>mud clean</u>	<u>500</u>	@ <u>1.27</u>	<u>635.00</u>
<u>Clspiro</u>	<u>10</u>	@ <u>31.25</u>	<u>312.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER Dustin F 1

548-555 HELPER Eddie P. 2

BULK TRUCK

421-252 DRIVER Bronson B 3

BULK TRUCK

DRIVER

HANDLING 247 @ 2.25 555.75

MILEAGE 2471.11 @ 1.75 4324.44

TOTAL 9755.15

REMARKS:

P. Pe on bottom & break circulation

PUMP 30 hrs work, 500s, 200s, 200s, 300s

work max 30s per box, 20s per hour, max

175s of cement, shut down, wash out, 200s

plus 100s, 50s, 20s, 20s, 20s, 20s, 20s

for 50 hrs, slow rate to 3 bpm at 75

hrs, pump plus 9-15 hrs 600-1100

ps, flow & 2 not held

SERVICE

DEPTH OF JOB 5412' 2680.00

PUMP TRUCK CHARGE 2680.00

EXTRA FOOTAGE

MILEAGE 75 @ 7.00 525.00

MANIFOLD Hecarentel @ 200.00

Light vehicle 75 @ 4.00 300.00

TOTAL 3720-

CHARGE TO: Vincent Oil Co

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

4 1/2

<u>1-Rubber plug</u>	@	<u>71.00</u>
<u>1-Guide Shoe</u>	@	<u>192.00</u>
<u>1-DFU Insert</u>	@	<u>249.00</u>
<u>6-Connectors</u>	@	<u>48.00</u>
	@	<u>786.00</u>

TOTAL 800.00

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) 632.95

TOTAL CHARGES 14275.15

DISCOUNT 20 2855.03 IF PAID IN 30 DAYS

PRINTED NAME x Pat Livingston

SIGNATURE x Pat Livingston

11/20/12 Morris fax 316-262-3309



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Vincent Oil Corp.
 155 N. Market Ste. 700
 Wichita, KS 67202-1821
 ATTN: Jim Hall

29-29s-24w
Lokken 1-29
 Job Ticket: 49530 **DST#: 1**
 Test Start: 2012.07.31 @ 18:40:41

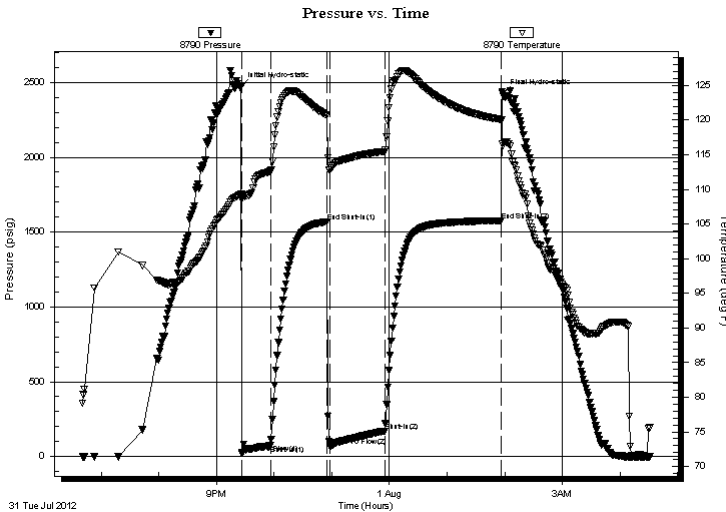
GENERAL INFORMATION:

Formation: **Morrow Sand**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 21:26:26 Tester: Ryan Reynolds
 Time Test Ended: 04:30:56 Unit No: 63
 Interval: **5137.00 ft (KB) To 5270.00 ft (KB) (TVD)** Reference Elevations: 2564.00 ft (KB)
 Total Depth: 5270.00 ft (KB) (TVD) 2554.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 10.00 ft

Serial #: 8790 Inside
 Press @ Run Depth: 170.19 psig @ 5138.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.31 End Date: 2012.08.01 Last Calib.: 2012.08.01
 Start Time: 18:40:46 End Time: 04:30:56 Time On Btm: 2012.07.31 @ 21:25:41
 Time Off Btm: 2012.08.01 @ 01:57:41

TEST COMMENT: IF: Strong blow . BOB 4min. GTS 27min.
 IS: No blow
 FF: Strong blow . BOB immed. Gauged gas.
 FS: Fair 5" BB

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2471.35	109.29	Initial Hydro-static
1	20.56	108.52	Open To Flow (1)
31	74.81	112.63	Shut-In(1)
90	1569.31	120.63	End Shut-In(1)
92	66.32	112.78	Open To Flow (2)
150	170.19	115.46	Shut-In(2)
271	1577.28	120.08	End Shut-In(2)
272	2424.16	116.59	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
170.00	GCM 5%gas 95%mud	2.38

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	35.00	18.49
Last Gas Rate	0.13	107.00	45.44
Max. Gas Rate	0.13	107.00	45.44



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corp.

29-29s-24w

155 N. Market Ste. 700
Wichita, KS 67202-1821

Lokken 1-29

Job Ticket: 49530

DST#: 1

ATTN: Jim Hall

Test Start: 2012.07.31 @ 18:40:41

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:

7700 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 15.17 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7700.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
170.00	GCM 5%gas 95%mud	2.385

Total Length: 170.00 ft

Total Volume: 2.385 bbl

Num Fluid Samples: 2

Num Gas Bombs: 1

Serial #: RR-11F/FF

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Vincent Oil Corp.

29-29s-24w

155 N. Market Ste. 700
Wichita, KS 67202-1821

Lokken 1-29

Job Ticket: 49530

DST#: 1

ATTN: Jim Hall

Test Start: 2012.07.31 @ 18:40:41

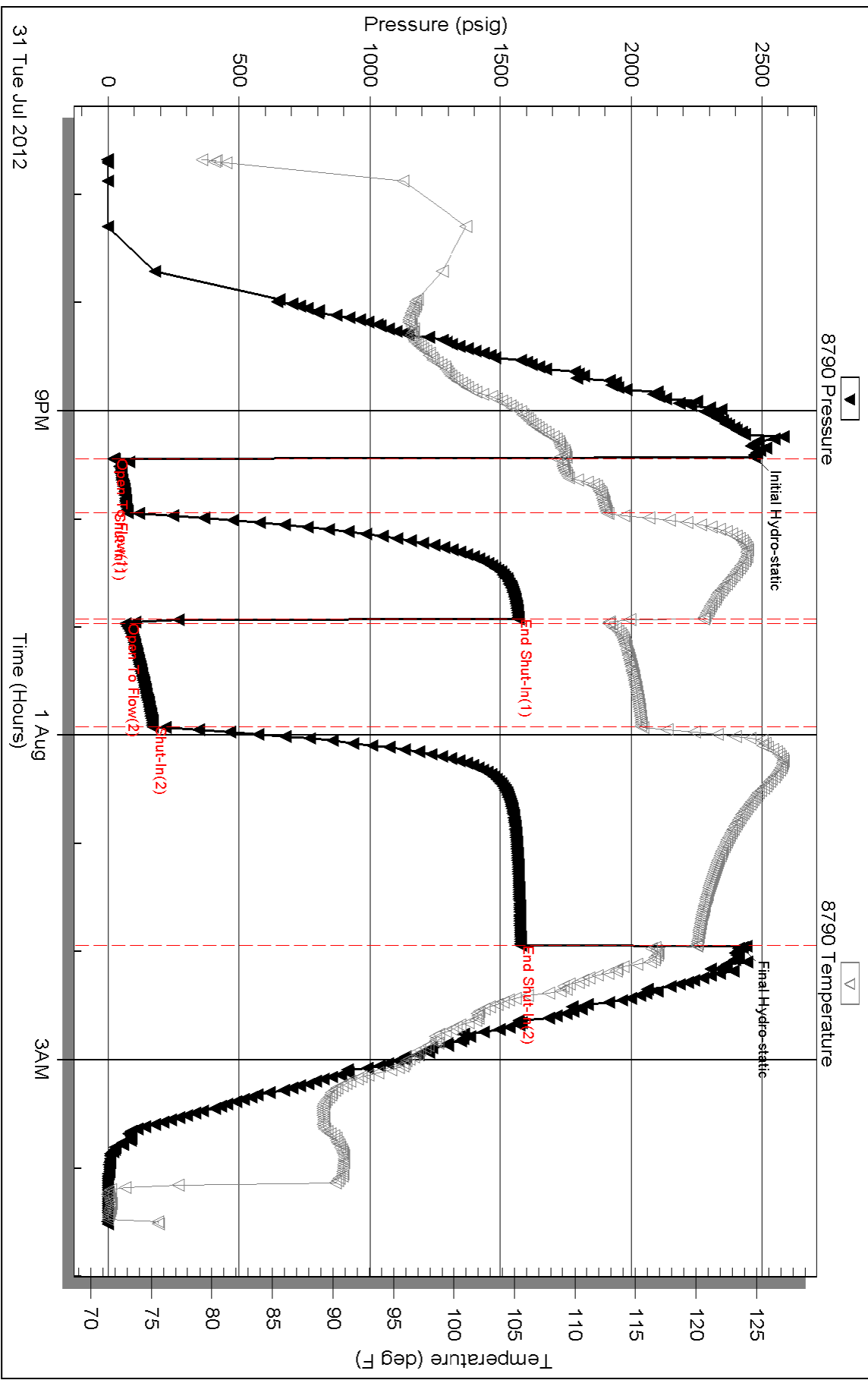
Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	5	0.13	35.00	18.49
2	5	0.13	35.00	18.49
2	5	0.13	35.00	18.49
2	10	0.13	40.00	20.36
2	20	0.13	52.00	24.85
2	30	0.13	70.00	31.59
2	40	0.13	82.00	36.08
2	50	0.13	95.00	40.95
2	60	0.13	107.00	45.44

Pressure vs. Time



Vincent Oil Corporation Wichita, Kansas

GEOLOGICAL REPORT DRILLING TIME & SAMPLE LOG

REPORT PREPARED BY: TL Kozmar, P.E.

COMPANY: Vincent Oil Corporation

LEAS: Lokken #1-29

FIELD: D.F.

LOCATION: 820 FNL & 540 FEL

SEC: 29 TWP: 29 S REC: 24 W

COUNTY: Ford STATE: Kansas

CONTRACTOR: VAL Energy Inc. Rig 1

SPUD: 7/29/2012 COMP: 8/2/2012

SAMPLES SAIVED FROM: 4240' TO 5420' RTD

FORMATION: Shale LITHO: LOG DAY: 10/1

FORMATION: Shale LITHO: LOG DAY: 10/1

FORMATION: Shale LITHO: LOG DAY: 10/1

FORMATION: Shale LITHO: LOG DAY: 10/1

FORMATION: Shale LITHO: LOG DAY: 10/1

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FORMATION: Shale LITHO: LOG DAY: 10/1

ELEVATION
K.B. 2574

D.F.

G.L. 2664

DEPTH MEASURED FROM KB

LOG 2574

DATE

TIME

TEMP

PRESS

WIND

WAVE

SEA

SKY

TEMP

WIND

WAVE

SEA

SKY

TEMP

WIND

WAVE

SEA

SKY

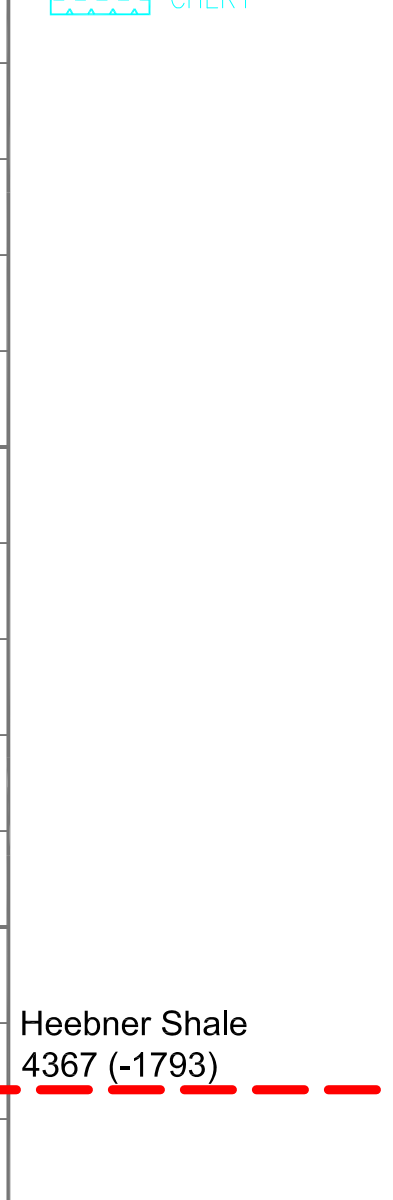
TEMP

WIND

WAVE

SEA

Mud Check: 419F
W 9.2; Vis: 40; W 8.6



Mud Check: 4626
W 9.3; Vis: 64; W 13.6

Mud Check: 4826
W 9.5; Vis: 51; W 13.6

Mud Check: 4837
W 9.5; Vis: 51; W 10.8

Mud Check: 5037
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

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W 8.8; Vis: 56; W 14.8

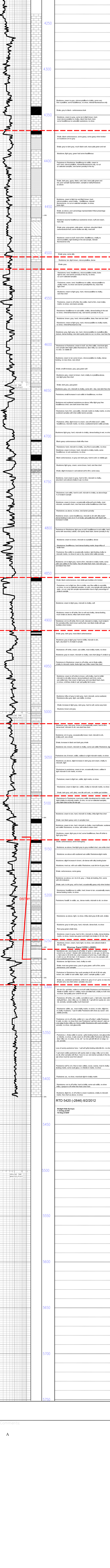
Mud Check: 5275
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

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W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8

Mud Check: 5275
W 8.8; Vis: 56; W 14.8



Comments:

A

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 20, 2012

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

Re: ACO1
API 15-057-20823-00-00
Lokken 1-29
NE/4 Sec.29-29S-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