



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152067
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: _____



1152067

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> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Ellis Land Co #1-28
Doc ID	1152067

All Electric Logs Run

Dual Induction
Density - Neutron
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Ellis Land Co #1-28
Doc ID	1152067

Tops

Name	Top	Datum
Heebner Shale	4377	(-1910)
Brown Limestone	4541	(-2074)
Lansing	4557	(-2090)
Stark Shale	4908	(-2441)
Pawnee	5110	(-2643)
Cherokee Shale	5159	(-2692)
Base Penn Limestone	5256	(-2789)
Mississippian	5281	(-2814)
RTD	5400	(-2933)

ALLIED OIL & GAS SERVICES, LLC 059734

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge, KS.

DATE <i>3-20-2013</i>	SEC. <i>28</i>	TWP. <i>29s</i>	RANGE <i>22w</i>	CALLED OUT <i>3:30 AM</i>	ON LOCATION <i>7:00 AM</i>	JOB START	JOB FINISH
LEASE <i>Ellis land</i>		WELL # <i>1-28</i>	LOCATION <i>Kingsdown, KS.</i>		COUNTY <i>Ford</i>	STATE <i>Kansas</i>	
OLD OR <u>NEW</u> (Circle one)			<i>3 miles south 1 mile east north into</i>				

CONTRACTOR *Duke #1* OWNER *Vincent Oil Co.*

TYPE OF JOB *Surface*
 HOLE SIZE *12 1/4* T.D.
 CASING SIZE *8 5/8* DEPTH *606'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *450* MINIMUM
 MEAS. LINE SHOE JOINT *42*
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT *37 Bbls Freshwater*

CEMENT AMOUNT ORDERED
125 sx Class A + 27.64 floeal 37 cc 27. sms
+ 1/4 floeal 100 sx Class A + 37 cc + 27.92 L

EQUIPMENT
 PUMP TRUCK CEMENTER *Carl Balding*
#561-565 HELPER *Dave Felio*
 BULK TRUCK
#364 DRIVER *Danny S. (Russell)*
 BULK TRUCK
 # DRIVER

COMMON <i>A 225 sx</i>	@ <i>17.90</i>	<i>4027.50</i>
POZMIX	@	
GEL <i>2 sx</i>	@ <i>23.40</i>	<i>46.80</i>
CHLORIDE <i>8 sx</i>	@ <i>64.00</i>	<i>512.00</i>
ASC	@	
<i>floeal 31"</i>	@ <i>2.97</i>	<i>92.07</i>
<i>Gyseal 2 sx</i>	@ <i>37.60</i>	<i>75.20</i>
<i>Sms 200"</i>	@ <i>3.30</i>	<i>660.00</i>
	@	
	@	
	@	
	@	
HANDLING <i>244.30</i>	@ <i>2.48</i>	<i>605.86</i>
MILEAGE <i>388.50 / 2.60</i>		<i>1010.10</i>
TOTAL		<i>7029.53</i>

REMARKS:

Thank you

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

SERVICE

DEPTH OF JOB <i>606'</i>		
PUMP TRUCK CHARGE <i>1512.25</i>		
EXTRA FOOTAGE	@	
MILEAGE <i>.35</i>	@ <i>7.70</i>	<i>269.50</i>
MANIFOLD	@	<i>200.00</i>
<i>LV .35</i>	@ <i>4.40</i>	<i>154.00</i>
	@	
TOTAL		<i>2135.75</i>

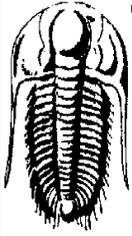
PLUG & FLOAT EQUIPMENT

<i>1- Baffle plate</i>	@	<i>131.04</i>
<i>1- Top Rubber plug</i>	@	<i>131.04</i>
	@	
	@	
	@	
TOTAL		<i>262.08</i>

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 *9427.36*
 DISCOUNT _____ IF PAID IN 30 DAYS
(NET) 5997.79

PRINTED NAME *Mike Godfrey*
 SIGNATURE *Mike Godfrey*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Vincent Oil Corp
155 N Market Ste 700
Wichita, KS 67202
ATTN: Ken LeBlanc

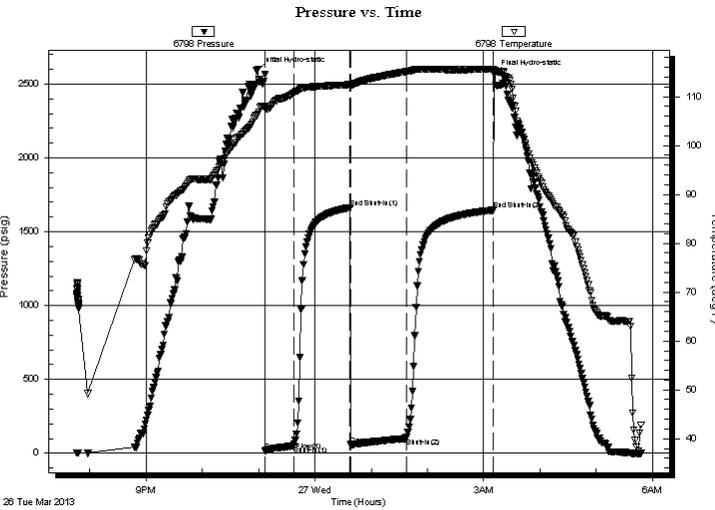
28-29S-22W Ford
Ellis Land Co 1-26
Job Ticket: 50907 **DST#: 1**
Test Start: 2013.03.26 @ 19:45:45

GENERAL INFORMATION:

Formation: **Pawnee**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 23:07:00
Time Test Ended: 05:48:00
Interval: **5100.00 ft (KB) To 5130.00 ft (KB) (TVD)**
Total Depth: 5130.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 45
Reference Elevations: 2467.00 ft (KB)
2455.00 ft (CF)
KB to GR/CF: 12.00 ft

Serial #: 6798 Inside
Press @ Run Depth: 102.46 psig @ 5101.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.03.26 End Date: 2013.03.27 Last Calib.: 2013.03.27
Start Time: 19:45:46 End Time: 05:48:00 Time On Btm: 2013.03.26 @ 22:57:45
Time Off Btm: 2013.03.27 @ 03:11:30

TEST COMMENT: IF: Weak Blow , Built to 4 inches
IS: No Blow Back
FF: Fair Blow , BOB in 27 minutes
FS: No Blow Back



PRESSURE SUMMARY

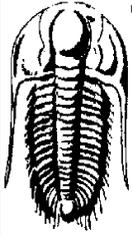
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2589.39	106.16	Initial Hydro-static
10	18.16	107.58	Open To Flow (1)
40	52.17	110.71	Shut-In(1)
100	1663.70	112.48	End Shut-In(1)
101	55.08	112.21	Open To Flow (2)
160	102.46	115.15	Shut-In(2)
253	1647.07	115.64	End Shut-In(2)
254	2564.80	115.42	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	120 GIP	0.00
124.00	MCW 10%M 90%W	1.74
40.00	VSOSM -1%O +99%M	0.56

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corp

28-29S-22W Ford

155 N Market Ste 700
Wichita, KS 67202

Ellis Land Co 1-26

Job Ticket: 50907

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2013.03.26 @ 19:45:45

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: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6100.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	120 GIP	0.000
124.00	MCW 10%M 90%W	1.739
40.00	VSOSM - 1%O +99%M	0.561

Total Length: 164.00 ft Total Volume: 2.300 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

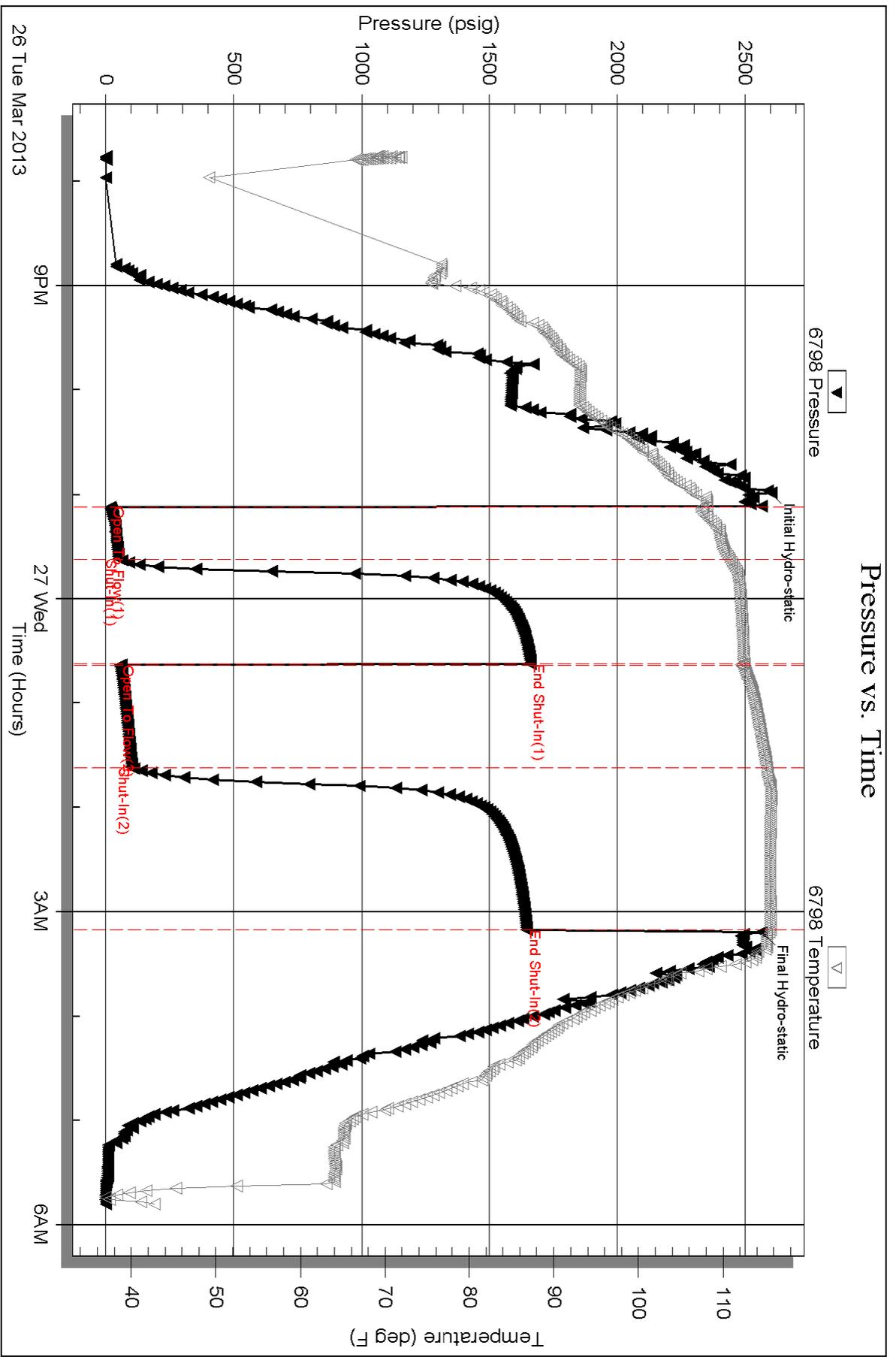
Serial #: 6798

Inside

Vincent Oil Corp

Ellis Land Co-1-26

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Vincent Oil Corp
 155 N Market Ste 700
 Wichita, KS 67202
 ATTN: Ken LeBlanc

28-29S-22W Ford
Ellis Land Co 1-26
 Job Ticket: 50908 **DST#: 2**
 Test Start: 2013.03.28 @ 15:04:44

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 17:46:29
 Time Test Ended: 01:00:59
 Interval: **5305.00 ft (KB) To 5350.00 ft (KB) (TVD)**
 Total Depth: 5400.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle (Reset)
 Tester: Leal Cason
 Unit No: 45
 Reference Elevations: 2467.00 ft (KB)
 2455.00 ft (CF)
 KB to GR/CF: 12.00 ft

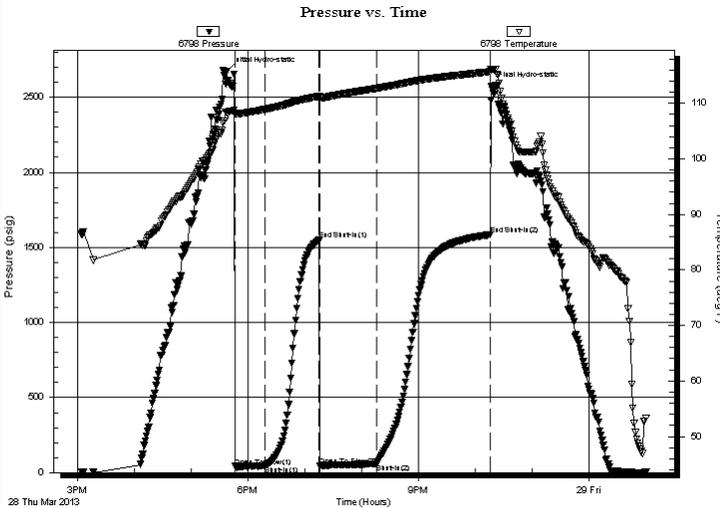
Serial #: 6798

Inside

Press @ Run Depth: 59.99 psig @ 5306.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.03.28 End Date: 2013.03.29 Last Calib.: 2013.03.29
 Start Time: 15:04:45 End Time: 01:00:59 Time On Btm: 2013.03.28 @ 17:38:14
 Time Off Btm: 2013.03.28 @ 22:17:14

TEST COMMENT: IF: Weak Blow , Built to 5 inches
 IS: No Blow Back
 FF: Fair Blow , BOB in 21 minutes
 FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2672.85	108.26	Initial Hydro-static
9	40.83	108.18	Open To Flow (1)
40	47.52	108.92	Shut-In(1)
98	1549.89	111.29	End Shut-In(1)
99	44.31	110.90	Open To Flow (2)
158	59.99	112.70	Shut-In(2)
278	1585.37	115.70	End Shut-In(2)
279	2575.83	116.09	Final Hydro-static

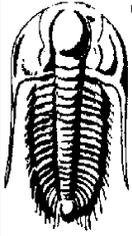
Recovery

Length (ft)	Description	Volume (bbl)
0.00	310 GIP	0.00
63.00	GOWCM 10%G 5%O 5%W 80%M	0.88

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corp

28-29S-22W Ford

155 N Market Ste 700
Wichita, KS 67202

Ellis Land Co 1-26

Job Ticket: 50908

DST#: 2

ATTN: Ken LeBlanc

Test Start: 2013.03.28 @ 15:04:44

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: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7400.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	310 GIP	0.000
63.00	GOWCM 10%G 5%O 5%W 80%M	0.884

Total Length: 63.00 ft Total Volume: 0.884 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

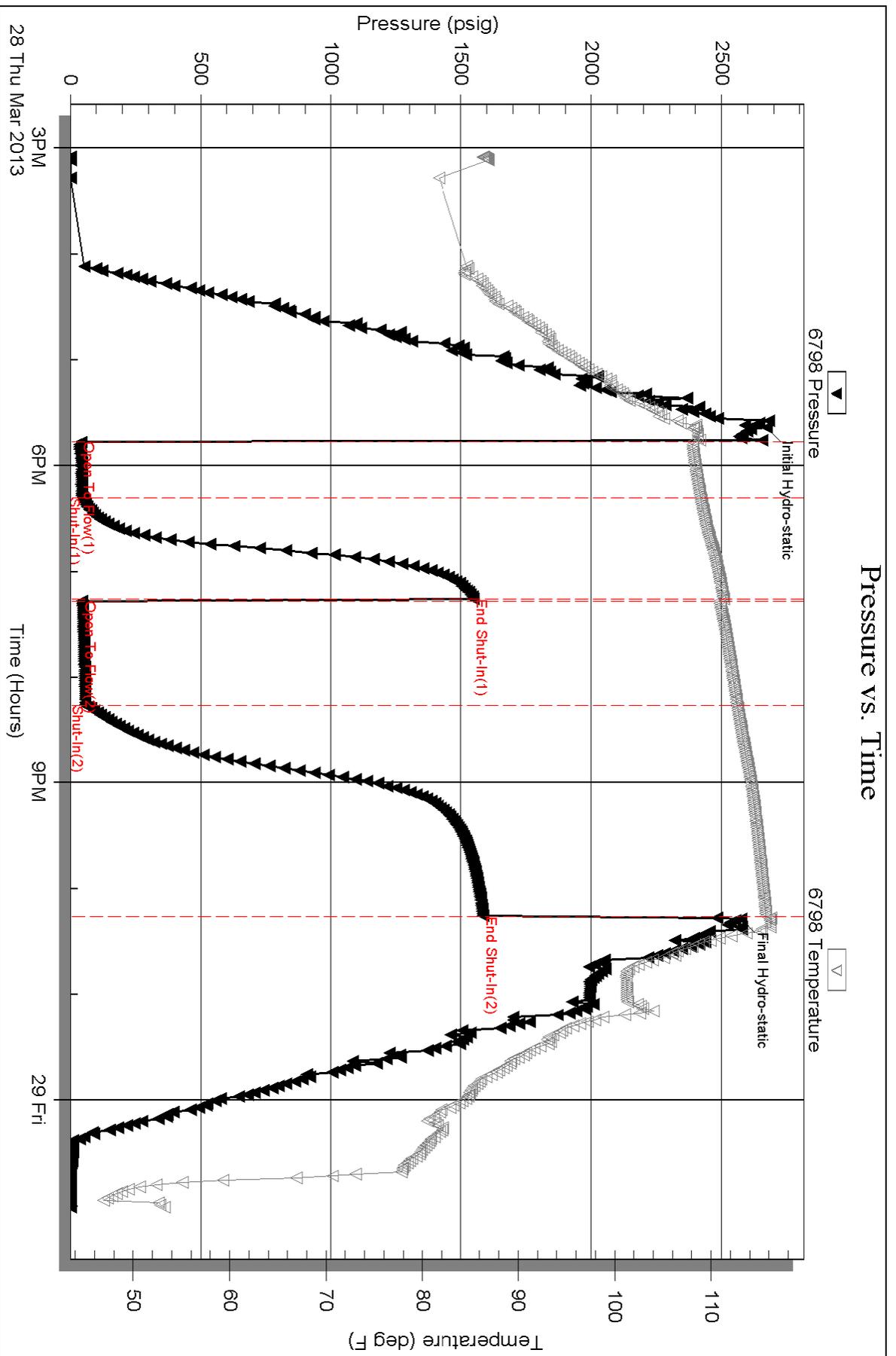
Serial #: 6798

Inside

Vincent Oil Corp

Ellis Land Co-1-26

DST Test Number: 2



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

July 17, 2013

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

Re: ACO1
API 15-057-20882-00-00
Ellis Land Co #1-28
SW/4 Sec.28-29S-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