



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1165175  
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: \_\_\_\_\_



1165175

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Herrmann 1-9
Doc ID	1165175

All Electric Logs Run

Dual Induction
Neutron - Density
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	Herrmann 1-9
Doc ID	1165175

Tops

Name	Top	Datum
Heebner Shale	4305	(-1776)
Brown Limestone	4438	(-1909)
Lansing	4448	(-1919)
Stark Shale	4779	(-2250)
Pawnee	5023	(-2494)
Cherokee Shale	5070	(-2541)
Base Penn Limestone	5176	(-2647)
Mississippian	5231	(-2702)
RTD	5360	(-2833)



# ALLIED OIL & GAS SERVICES, LLC 059514

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>6-30-13</i>	SEC <i>9</i>	TWP <i>27N</i>	RANGE <i>24W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Herman</i>	WELL # <i>1-9</i>		LOCATION <i>Mirmalay Co N to Wendy Rd Ford</i>	COUNTY	STATE		
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<i>3 3/4 E, N 1 into</i>				

CONTRACTOR *Duke #6* OWNER *Vincent Oil Co.*

TYPE OF JOB *Surface*

HOLE SIZE <i>12 1/4</i>	T.D. <i>617</i>
CASING SIZE <i>8 5/8</i>	DEPTH <i>614</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <i>400</i>	MINIMUM
MEAS. LINE	SHOE JOINT <i>42.85</i>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <i>378 bbls</i>	EQUIPMENT

CEMENT  
AMOUNT ORDERED *175sx 60:40:89 gel*  
*4.5% cc + 1/4 flo seal*  
*100sx class "A" + 2% cc*

COMMON	<i>100</i> sx @ <i>17.90</i>	<i>1790.00</i>
POZMIX	@	
GEL	@	
CHLORIDE	<i>8</i> @ <i>64.00</i>	<i>512.00</i>
ASC	@	
ALW	<i>175</i> sx @ <i>15.95</i>	<i>2791.25</i>
Flo seal	<i>44</i> @ <i>2.97</i>	<i>130.68</i>
	@	
	@	
	@	
	@	
HANDLING	<i>462</i> @ <i>2.48</i>	<i>1145.76</i>
MILEAGE	<i>309 / 2.80</i>	<i>803.40</i>
TOTAL		<i>7173.09</i>

PUMP TRUCK CEMENTER *Ben Gilley*  
# *558-555* HELPER *Scott Priddy*  
BULK TRUCK  
# *356-290* DRIVER *James Bowman*  
BULK TRUCK  
# DRIVER

REMARKS:  
*See Cement Log*

CHARGE TO: *Vincent Oil*  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 *X Rick Scholtenberger*  
SIGNATURE *X Rick Scholtenberger*

**SERVICE**

DEPTH OF JOB <i>617'</i>		
PUMP TRUCK CHARGE	<i>1512.25</i>	
EXTRA FOOTAGE	@	
MILEAGE <i>35</i>	@ <i>7.20</i> <i>269.50</i>	
MANIFOLD	@ <i>200.00</i>	
<i>Light Veh. 35</i>	@ <i>4.40</i> <i>154.00</i>	
	@	
TOTAL		<i>2135.75</i>

**8 5/8 PLUG & FLOAT EQUIPMENT**

<i>1- Baffle Plate</i>	@	<i>67.50</i>
<i>1- Rubber Plug</i>	@	<i>76.25</i>
	@	
	@	
	@	
TOTAL		<i>143.75</i>

SALES TAX (if Any) \_\_\_\_\_  
TOTAL CHARGES *9452.59*  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
*NET 6019.13*

# ALLIED OIL & GAS SERVICES, LLC 059878

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>7/9/13</u>	SEC <u>9</u>	TWP. <u>29s</u>	RANGE <u>24w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Herrmann</u>		WELL# <u>1-9</u>		LOCATION <u>Mincola KS, 6N to Windy Rd,</u>		COUNTY <u>Ford</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>3 3/4 W., North into</u>			

CONTRACTOR Duke 6  
 TYPE OF JOB Rotary Plug  
 HOLE SIZE 7 7/8 T.D. 5360  
 CASING SIZE 8 7/8 DEPTH 615  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT Fresh H<sub>2</sub>O / Mud

OWNER Vincent Oil  
 CEMENT  
 AMOUNT ORDERED 170sx 60:40:4% Gel

EQUIPMENT  
 PUMP TRUCK CEMENTER Jasen Thinesch  
 # 360/302 HELPER Scott Priddy  
 BULK TRUCK  
 # 356/296 DRIVER Ryan Reeves  
 BULK TRUCK  
 # DRIVER

COMMON <u>Class A</u>	<u>102sx</u>	@	<u>17.90</u>	<u>1825.80</u>
POZMIX	<u>68sx</u>	@	<u>9.35</u>	<u>635.80</u>
GEL	<u>60x</u>	@	<u>23.40</u>	<u>140.40</u>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>179.13 ft<sup>3</sup></u>	@		<u>445.73</u>
MILEAGE	<u>7.6</u>			<u>691.60</u>
TOTAL				<u>3739.33</u>

**REMARKS:**

CHARGE TO: Vincent Oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB	<u>1290'</u>			
PUMP TRUCK CHARGE				<u>2249.84</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>35</u>	@	<u>7.7</u>	<u>269.50</u>
MANIFOLD	<u>NA</u>	@	<u>NA</u>	
<u>Light Vehicle</u>	<u>35</u>	@	<u>4.4</u>	<u>154.00</u>
		@		
TOTAL				<u>2673.34</u>

**PLUG & FLOAT EQUIPMENT**

<u>NA</u>	@			
	@			
	@			
	@			
	@			
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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 6412.67  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
net 4488.87

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Rich Schaeferberger



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Vincent Oil Corp  
155 N Market STE 700  
Wichita KS 67202  
ATTN: Ken Leblanc

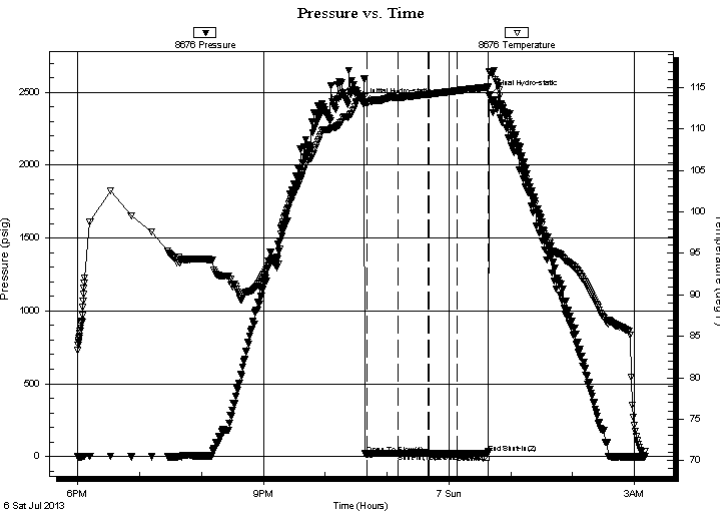
**9-29-24 Ford Co**  
**Herrmann #1-9**  
Job Ticket: 47511      **DST#: 1**  
Test Start: 2013.07.06 @ 17:59:37

## GENERAL INFORMATION:

Formation: **Penn**  
Deviated: No Whipstock: ft (KB)  
Time Tool Opened: 22:40:07  
Time Test Ended: 03:09:52  
Interval: **5155.00 ft (KB) To 5180.00 ft (KB) (TVD)**  
Total Depth: 5180.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches Hole Condition: Fair  
Test Type: Conventional Bottom Hole (Initial)  
Tester: Chris Staats  
Unit No: 47  
Reference Elevations: 2594.00 ft (KB)  
2584.00 ft (CF)  
KB to GR/CF: 10.00 ft

**Serial #: 8676      Outside**  
Press @ Run Depth: 18.66 psig @ 5156.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2013.07.06      End Date: 2013.07.07      Last Calib.: 2013.07.07  
Start Time: 17:59:42      End Time: 03:09:52      Time On Btm: 2013.07.06 @ 22:36:37  
Time Off Btm: 2013.07.07 @ 00:39:52

**TEST COMMENT:** IF: Weak blow blow died  
IS: No blow back  
FF: No blow  
FS: No blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2428.67	113.94	Initial Hydro-static
4	19.62	113.21	Open To Flow (1)
34	22.38	113.80	Shut-In(1)
64	21.78	114.20	End Shut-In(1)
65	20.97	114.21	Open To Flow (2)
92	18.66	114.63	Shut-In(2)
121	25.29	115.07	End Shut-In(2)
124	2483.11	116.86	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	MUD	0.02

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Vincent Oil Corp

**9-29-24 Ford Co**

155 N Market STE 700  
Wichita KS 67202

**Herrmann #1-9**

Job Ticket: 47511

**DST#: 1**

ATTN: Ken Leblanc

Test Start: 2013.07.06 @ 17:59:37

## 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: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.98 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 9200.00 ppm

Filter Cake: 0.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	MUD	0.025

Total Length: 5.00 ft      Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

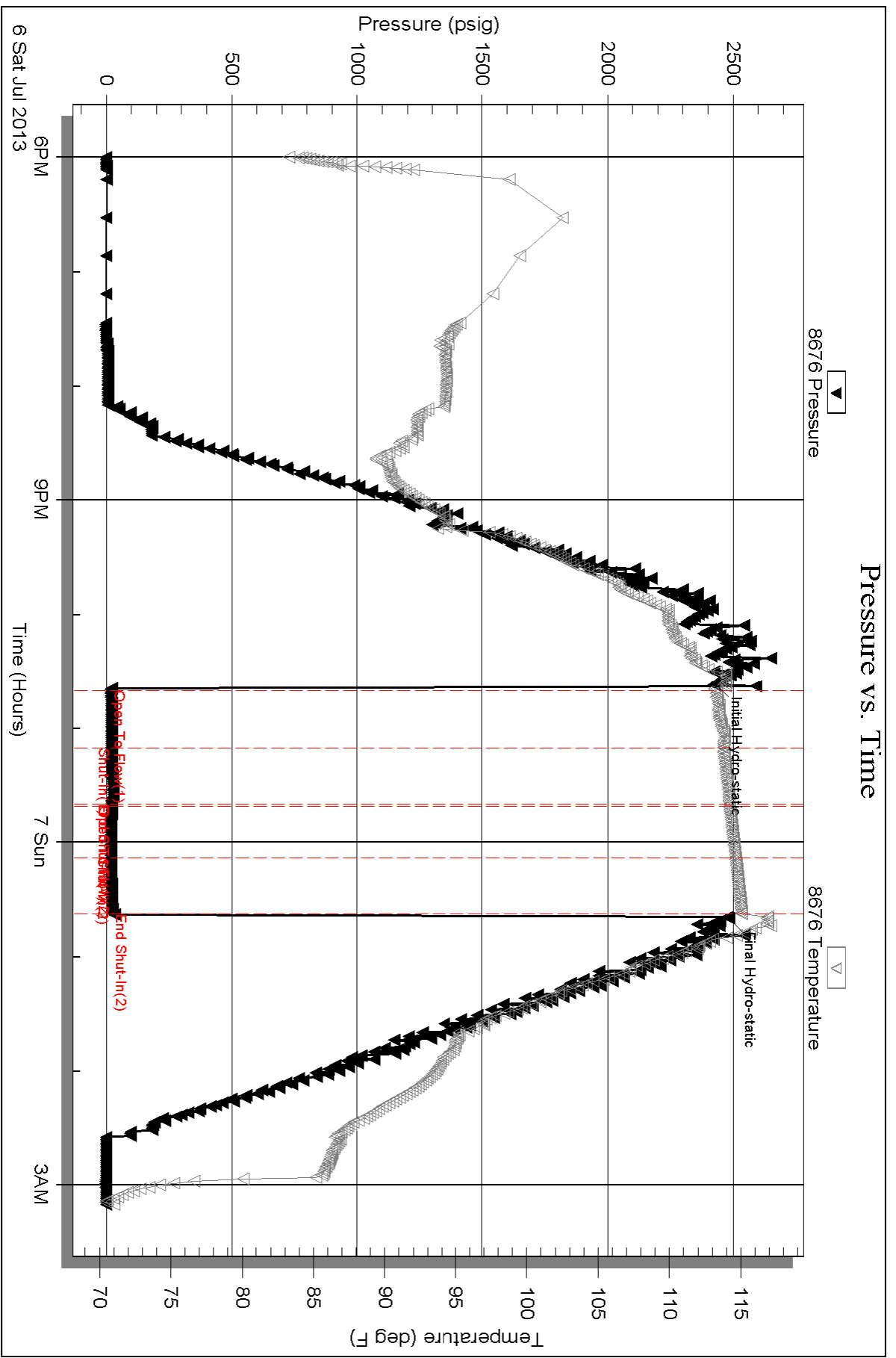
Recovery Comments:

Serial #: 8676

Outside Vincent Oil Corp

Herrmann #1-9

DST Test Number: 1







**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Vincent Oil Corp

**9-29-24 Ford Co**

155 N Market STE 700  
Wichita KS 67202

**Herrmann #1-9**

Job Ticket: 47512

**DST#: 2**

ATTN: Ken Leblanc

Test Start: 2013.07.07 @ 14:33:36

## 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:

31000 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 13.59 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 12.40 ppm

Filter Cake: 0.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	W,M 10%water 90% mud	0.443

Total Length: 90.00 ft      Total Volume: 0.443 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

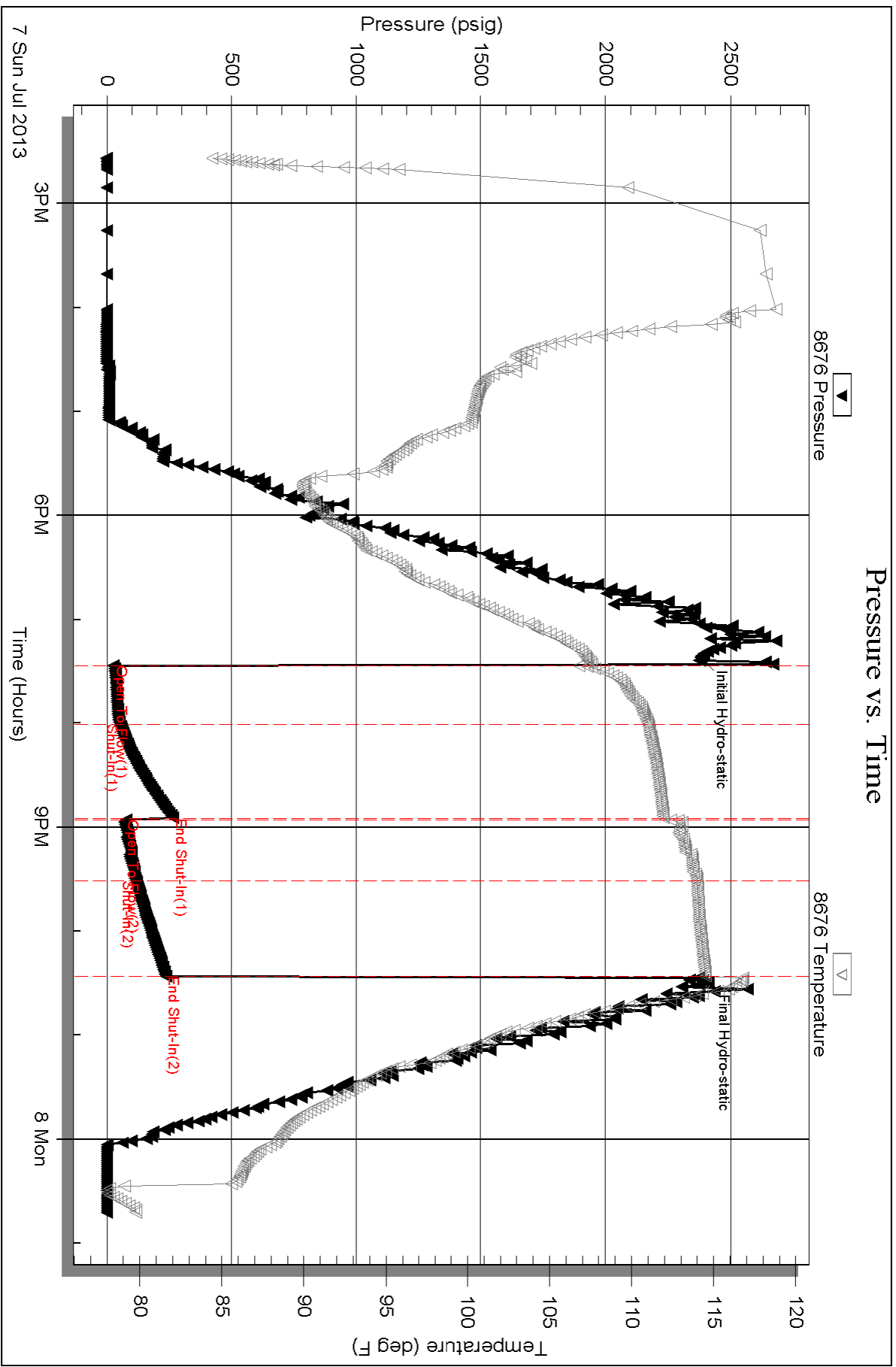
Recovery Comments:

Serial #: 8676

Outside Vincent Oil Corp

Herrmann #1-9

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

October 25, 2013

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

Re: ACO1  
API 15-057-20901-00-00  
Herrmann 1-9  
SE/4 Sec.09-29S-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