

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	CLOSE 2-2
Doc ID	1427005

All Electric Logs Run

Dual Induction
Neutron-Density
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	CLOSE 2-2
Doc ID	1427005

Tops

Name	Top	Datum
Heebner Shale	4370	(-1828)
Brown Limestone	4513	(-1971)
Lansing	4523	(-1981)
Stark Shale	4870	(-2328)
Base Kansas City	4984	(-2442)
Pawnee	5079	(-2537)
Cherokee Shale	5122	(-2580)
Base Penn Limestone	5230	(-2688)
Mississippian	5240	(-2698)
RTD	5350	(-2808)

QUALITY WELL SERVICE, INC.

6880

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	7-12-18	Sec.	2	Twp.	29S	Range	23W	County	Fox	State	KS	On Location		Finish	
Lease	CLOSE	Well No.	2-2			Location Kingsburg 11 to 11/10/2000 Rd W to 12200									
Contractor	Duke Oil, Rig #1							Owner	3/4 S E 110						
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.	695'												
Csg.	3 1/2	Depth	644'												
Tbg. Size		Depth													
Tool		Depth													
Cement Left in Csg.	42.17	Shoe Joint	42.17												
Meas Line		Displace	38.59												
EQUIPMENT								150sx Common 2% GEL 3% CC							
Pumptrk	8	No.	15												
Bulktrk	9	No.	Pond												
Bulktrk	10	No.	D. 100												
Pickup		No.													
JOB SERVICES & REMARKS								Hulls							
Rat Hole								Salt							
Mouse Hole								Flowseal 60-25							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
Rat 15 #13 8 7/8 23' csg set 644'								Sand							
BAFFLE Plate Lst: 42.17								Handling 296							
csg on Bottom Hook up to csg								Mileage 60							
Baffle C.C.								3 1/2 FLOAT EQUIPMENT							
Pump 15 Bbl. A20								Guide Shoe Baffle Plate							
Misc Pump 125sx Lead								Centralizer Wooden Plug							
Misc Pump 150sx Tail								Baskets							
Short Duck Release 8 7/8 Wooden Plug								AFU Inserts							
SAND WSP								Float Shoe							
Plug down 395 Amount 500'								Latch Down							
Close Valve on csg								LWD 60							
Good csg thru job								Slick Separator							
OK cut top								Pumptrk Charge Surface							
								Mileage 120							
Thank you PLEASE CALL AGAIN								Tax							
TDD, Dilan TI								Discount							
Signature								Total Charge							

GLOBAL OIL FIELD SERVICES, LLC

3402

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell 115

DATE <u>7-20-18</u>	SEC <u>2</u>	TWR. <u>295</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>4:30pm</u>
LEASE <u>Close</u>	WELL#. <u>2-2</u>	LOCATION <u>2 1/2 miles S.W. of Russell, KS</u>			COUNTY <u>Ford</u>	STATE <u>KS</u>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Duke Drilling Rig # 1
 TYPE OF JOB Rotary Plug
 HOLE SIZE _____ I.D. 5350
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX. _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS _____
 DISPLACEMENT _____

OWNER Vincent Oil
 CEMENT AMOUNT ORDERED 1795x 60/40 P02
4% gel

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

TOTAL _____

REMARKS:

1790' 50sx
690' 50sx
60' 20sx wiper Plug
RH 30sx MH 20sx

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

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

Global Oil Field 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 Mike Goffney
 SIGNATURE Mike Goffney

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC

24 S. Lincoln
RUSSELL, KS 67665

Invoice

Date	Invoice #
7/24/2018	3402

Bill To
VINCENT OIL CORPORATION 200 W DOUGLAS STE 725 WICHITA,KS 67202

P.O. No.	Terms	Project
CLOSE#2-2	Due on receipt	

Quantity	Description	Rate	Amount
170	60/40 POZMIX CEMENT	13.75	2,337.50
6	BENTONITE GEL	30.00	180.00
42.5	FLO-SEAL	2.00	85.00
177	HANDLING	1.90	336.30
	BULK MILEAGE	619.50	619.50
1	TRI-PLEX PUMP CHARGE FOR PLUG	850.00	850.00
55	HEAVY EQUIPMENT. ONE WAY	6.50	357.50
55	LMV- ONE WAY	2.75	151.25
1	DRY HOLE PLUG	62.50	62.50
	15% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE new sales tax rate as of 7-1-2015	8.50%	0.00

199-500

Thank you for your business.

Phone #	Fax #
785-445-3525	785-445-3526

Total \$4,979.55



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Vincent Oil Corporation
 200 W Douglas Ave #725
 Wichita, KS 67202
 ATTN: Ken LeBlanc

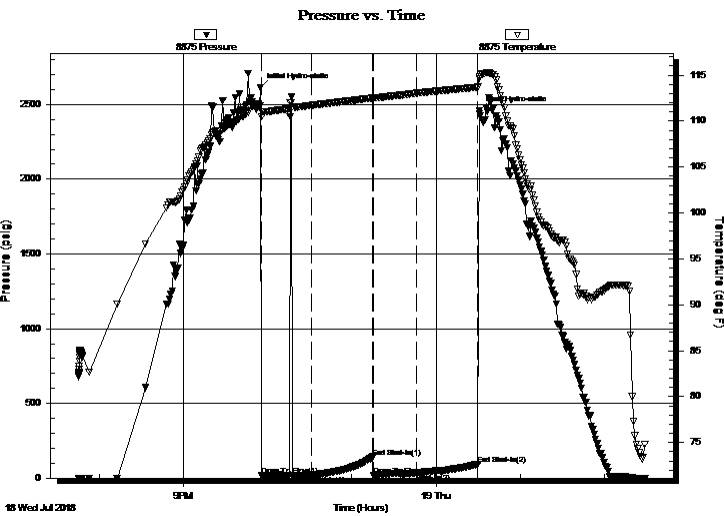
2-29S-23W Ford
Close 2-2
 Job Ticket: 63989 **DST#: 1**
 Test Start: 2018.07.18 @ 19:45:04

GENERAL INFORMATION:

Formation: **Cherokee**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 21:55:51 Tester: Leal Cason
 Time Test Ended: 02:29:06 Unit No: 74
 Interval: **5022.00 ft (KB) To 5050.00 ft (KB) (TVD)** Reference Elevations: 2542.00 ft (KB)
 Total Depth: 5150.00 ft (KB) (TVD) 2530.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 12.00 ft

Serial #: 8875 Inside
 Press@RunDepth: 35.08 psig @ 5123.00 ft (KB) Capacity: psig
 Start Date: 2018.07.18 End Date: 2018.07.19 Last Calib.: 2018.07.19
 Start Time: 19:45:05 End Time: 02:29:06 Time On Btm: 2018.07.18 @ 21:54:51
 Time Off Btm: 2018.07.19 @ 00:31:06

TEST COMMENT: IF: Weak Surface Blow , Dead @ 10 minutes, Flushed Tool, No Blow
 IS: No Blow Back
 FF: No Blow
 FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2613.02	111.67	Initial Hydro-static
1	18.43	110.49	Open To Flow (1)
21	19.47	111.40	Flushed Tool
36	19.65	111.72	Shut-In(1)
80	141.99	112.52	End Shut-In(1)
81	20.86	112.52	Open To Flow (2)
112	35.08	113.04	Shut-In(2)
155	93.44	113.72	End Shut-In(2)
157	2457.79	114.80	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud	0.07

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corporation

2-29S-23W Ford

200 W Douglas Ave #725
Wichita, KS 67202

Close 2-2

Job Ticket: 63989

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2018.07.18 @ 19:45:04

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6200.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

