

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) (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	TORLINE 1-10
Doc ID	1484997

All Electric Logs Run

Dual Induction
Density-Neutron
Micro-log
Sonic

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	TORLINE 1-10
Doc ID	1484997

Tops

Name	Top	Datum
Heebner Shale	4398	(-1831)
Brown Limestone	4544	(-1977)
Lansing	4555	(-1988)
Stark Shale	4891	(-2324)
Base Kansas City	5009	(-2442)
Pawnee	5104	(-2537)
Cherokee Shale	5150	(-2583)
Base Penn Limestone	5254	(-2687)
Mississippian	5284	(-2717)
RTD	5510	(-2943)

QUALITY WELL SERVICE, INC.

7196

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	Sec.	Twp.	Range	County	State	On Location	Finish
8-13-19	10	29S	23W	Ford	Ks		
Lease <i>102line</i>	Well No. <i>1-10</i>		Location <i>Kingdom, Ks, W to Wilbourn Rd W to 122nd</i>				
Contractor <i>Duke Delg Rig #1</i>				Owner <i>15 to Wildlife 1/4 W S. 10</i>			
Type Job <i>8 3/8</i>	Hole Size <i>12 1/4</i>			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.			
Csg. <i>8 3/8 23</i>	T.D. <i>690'</i>		Charge To <i>Vincent Oil Corp</i>				
Tbg. Size	Depth		Street				
Tool	Depth		City State				
Cement Left in Csg.	Shoe Joint <i>42.23</i>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>41 1/2</i>		Cement Amount Ordered <i>1255 max 3 1/2 CC 1/2 PS</i>				
EQUIPMENT				<i>1500 Common 2 1/2 CC 3 1/2 CC 1/2 PS</i>			
Pumptrk <i>13</i> No. <i>TJ</i>				Common <i>1500</i>			
Bulktrk <i>10</i> No. <i>Tom</i>				Poz. Mix <i>1255</i>			
Bulktrk <i>15</i> No. <i>Jake</i>				Gel. <i>561⁴</i>			
Pickup No.				Calcium <i>776⁴</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <i>137.5⁴</i>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>Run 16 3/8 8 3/8 23⁴ csg. set 639'</i>				Sand			
<i>START Csg. CEMENT BITTEN that up to</i>				Handling <i>293</i>			
<i>csg. + Break csg. wire</i>				Mileage <i>160 / 900</i>			
<i>small Pumping 10 1/2 in H2O</i>				FLOAT EQUIPMENT			
<i>START MIX + Pump 1255 max 3 1/2 CC 1/2 PS</i>				Guide Shoe <i>8 3/8 Baffle Plate 1EA</i>			
<i>12 1/4 hpl</i>				Centralizer <i>8 3/8 Wooden Plug 1EA</i>			
<i>START MIX! Pump 1500 Common</i>				Baskets			
<i>2 1/2 CC 3 1/2 CC 1/2 PS & 14.0 hpl</i>				AFU Inserts			
<i>plug down Release 8 3/8 Wooden Plug</i>				Float Shoe			
<i>START 1160</i>				Latch Down <i>1 EA</i>			
<i>plug down 41 1/2 out</i>				Service Sps <i>1EA</i>			
<i>450⁴ Close valve on csg. 12 1/4</i>				LMI <i>60</i>			
<i>1200 csg. thru 103</i>				Pumptrk Charge <i>surface</i>			
<i>csg. cut to PIT</i>				Mileage <i>180</i>			
<i>Thank you</i>				Tax			
<i>Please call again</i>				Discount			
<i>7000 / 13 / JAKE</i>				Total Charge			
Signature <i>Mick / Kelly</i>							



PEA

PAGE 1 of 1	CUST NO 1004433	YARD # 1718	INVOICE DATE 08/23/2019
INVOICE NUMBER			
93034911			

Pratt (620) 672-1201
 B VINCENT OIL CORPORATION
 I 200 WEST DOUGLAS STE 725
 L WICHITA
 L KS US 67202
 T
 O ATTN: BRYAN HILLS

J LEASE NAME TORLINE 1-10
 O LOCATION
 B COUNTY FORD
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41187894			Net - 30 days	09/22/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/22/2019 to 08/22/2019				
0041187894				
171819652L Cement-New Well Casing/Pi 08/22/2019				
PLUG TO ABANDON				
170 SK-60/40 Poz	1.00	SK	2,174.30	2,174.30 T
320 LB-Cement Gel	1.00	LB	89.60	89.60 T
Heavy Equiprnt Mileage	140.00	MI	4.40	616.00
Blending & Mixing Service Charge	170.00	SK	0.77	130.90
Ton Mileage	560.00	MI	1.65	924.00
Depth Charge, 1001'-2000'	1.00	HR	825.00	825.00
Light Vehicle Mileage	70.00	MI	2.75	192.50
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	1.00	EA	35.00	35.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,062.30
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	173.19
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,235.49
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

DEA



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Vincent Oil	Cement Pump No.:	38117, 19919 2Hrs.	Operator TRK No.:	98816
Address:		Ticket #:	1718 19652 L	Bulk TRK No.:	14354, 19808 Cory
City, State, Zip:		Job Type:	Z42 - Plug to Abandon		
Service District:	1718 - Liberal, Ks.	Well Type:	OIL		
Well Name and No.:	Torline 1-10	Well Location:	10,29,23	County:	Ford
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 Poz	170		14354, 19808 Cory	Front	Back
				Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Tail:	14.8	1.32	6.31	224.4	TT Man Hours:	22
					# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
10:45							ON LOCATION & SAFETY MEETING
11:00							RIG UP
11:39 AM		11.7 slurry					PUMP 50SX TAIL @ 14.8# / 1630'
11:44 AM		20.3					DISPLACE W/ MUD 20.3BBL
12:13 PM		11.7 slurry					PUMP 50SX TAIL @ 14.8# / 720'
12:15		7.3					DISPLACE W/ 7.3BBL
12:45		4.6 slurry					PUMP 20SX @ 14.8# / 60'
12:46 PM							SHUTDOWN / CEMENT TO SURFACE
12:52		11.7 slurry					PLUG RAT & MOUSE W/ 50SX
13:00							SHUTDOWN
							JOB COMPLETE

Size Hole	Depth	New / Used		TYPE	Swage		
Size & Wt. Csg.	8 5/8" 24#	Depth		Packer	Depth		
Drill P.	4 1/2" 16.6#	Depth		Plugs	Rat & Mouse	Depth	
Top Plugs		Type		Plugs	1630'	720'	60'

Customer Signature: *[Signature]* Basic Representative: Daniel Beck
 Basic Signature: *[Signature]*
 Date of Service: 8/22/2019



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Vincent Oil Corporation

10-29s-23w

200 W Douglas Ave #725 Wichita KS 67202+3023

Torline 1-10

ATTN: Ken Leblanc

Job Ticket: 65806

DST#: 1

Test Start: 2019.08.19 @ 19:32:00

GENERAL INFORMATION:

Formation: **Pawnee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:21:50

Time Test Ended: 05:19:19

Test Type: Conventional Bottom Hole (Initial)

Tester: Benny Mulligan

Unit No: 66

Interval: 5105.00 ft (KB) To 5140.00 ft (KB) (TVD)

Reference Elevations: 2565.00 ft (KB)

Total Depth: 5140.00 ft (KB) (TVD)

2555.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6772 Inside

Press@RunDepth: 210.96 psig @ 5106.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.08.19

End Date:

2019.08.20

Last Calib.: 2019.08.20

Start Time: 19:32:01

End Time:

05:19:19

Time On Btm: 2019.08.19 @ 22:06:30

Time Off Btm: 2019.08.20 @ 02:37:20

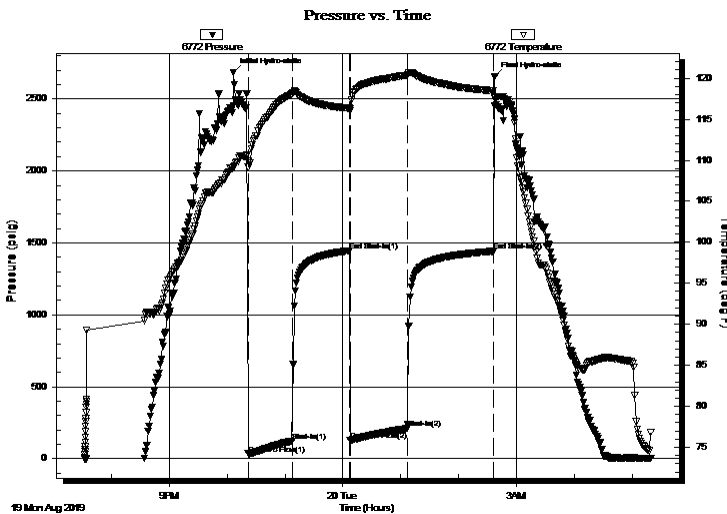
TEST COMMENT: IF-45-BOB 34mins 30sec total build of 14 1/2"

ISI-60- no blow back

FF-60-BOB 50mins total build of 13 1/2"

FSI-90- no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2684.89	109.24	Initial Hydro-static
16	32.89	109.88	Open To Flow (1)
61	123.12	118.07	Shut-In(1)
121	1445.13	116.35	End Shut-In(1)
121	125.26	116.02	Open To Flow (2)
181	210.96	120.37	Shut-In(2)
270	1441.65	118.46	End Shut-In(2)
271	2654.73	117.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
300.00	W. 100%W	4.21
120.00	M.W. 10%M 90%W	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Vincent Oil Corporation

10-29s-23w

200 W Douglas Ave #725 Wichita KS 67202+3023

Torline 1-10

ATTN: Ken Leblanc

Job Ticket: 65806

DST#: 1

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Tester: Benny Mulligan

Unit No: 66

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Reference Elevations: 2565.00 ft (KB)

Total Depth: 5140.00 ft (KB) (TVD)

2555.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6769 Outside

Press@RunDepth: psig @ 5106.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.08.19

End Date:

2019.08.20

Last Calib.:

2019.08.20

Start Time: 19:32:01

End Time:

05:19:19

Time On Btm:

Time Off Btm:

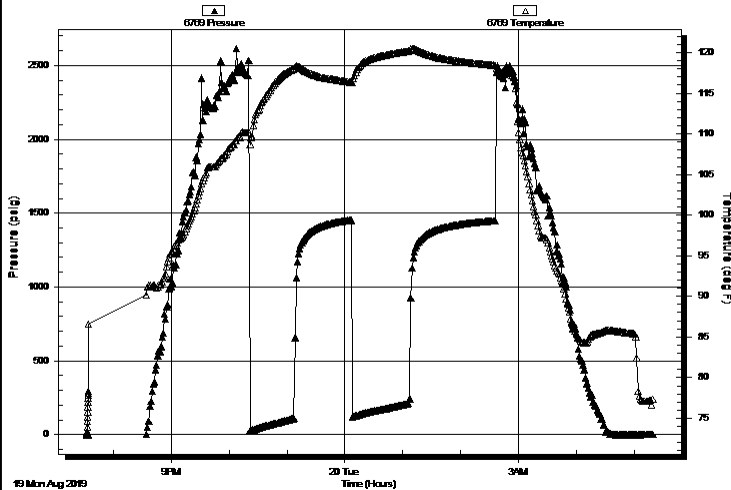
TEST COMMENT: IF-45-BOB 34mins 30sec total build of 14 1/2"

ISI-60- no blow back

FF-60-BOB 50mins total build of 13 1/2"

FSI-90- no blow back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
300.00	W. 100%W	4.21
120.00	M.W. 10%M 90%W	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corporation

10-29s-23w

200 W Douglas Ave #725 Wichita KS 67202+3023

Torline 1-10

Job Ticket: 65806

DST#: 1

ATTN: Ken Leblanc

Test Start: 2019.08.19 @ 19:32:00

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:

50000 ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
300.00	W. 100%W	4.208
120.00	M.W. 10%M 90%W	1.683

Total Length: 420.00 ft Total Volume: 5.891 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

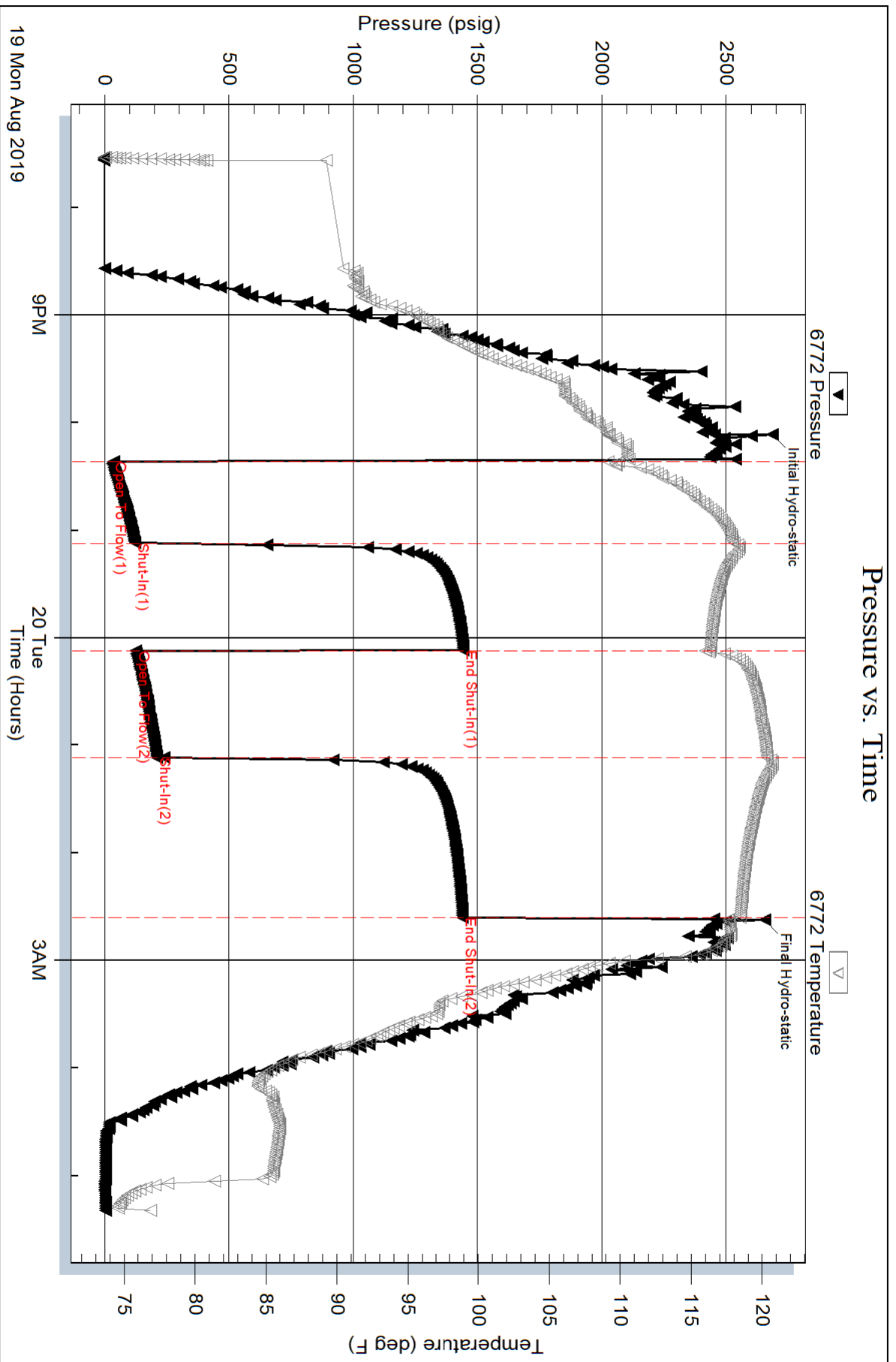
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



Serial #: 6769

Outside Vincent Oil Corporation

Torline 1-10

DST Test Number: 1

