

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|-------------------------|
| Form | ACO1 - Well Completion |
| Operator | Vincent Oil Corporation |
| Well Name | FEIKERT FARMS 6-8 |
| Doc ID | 1601335 |

All Electric Logs Run

| |
|-------------------|
| |
| Dual Induction |
| Density - Neutron |
| Micro-log |
| Sonic |

| | |
|-----------|-------------------------|
| Form | ACO1 - Well Completion |
| Operator | Vincent Oil Corporation |
| Well Name | FEIKERT FARMS 6-8 |
| Doc ID | 1601335 |

Tops

| Name | Top | Datum |
|---------------------|------|---------|
| Heebner Shale | 4382 | (-1869) |
| Brown Limestone | 4536 | (-2023) |
| Lansing | 4546 | (-2033) |
| Stark Shale | 4885 | (-2372) |
| Base Kansas City | 4996 | (-2483) |
| Pawnee | 5092 | (-2579) |
| Cherokee Shale | 5143 | (-2630) |
| Base Penn Limestone | 5240 | (-2727) |
| Mississippian | 5278 | (-2765) |
| RTD | 5400 | (-2887) |

Quality Well Service, Inc.

PO Box 468
Pratt, KS 67124

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 8/24/2021 | C-2690 |

Surface Csq.
→

| |
|--|
| Bill To |
| Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202 |

| | | |
|----------|-------|--------------------|
| P.O. No. | Terms | Lease Name |
| | | Feikert Farms #6-8 |

| Description | Qty | Rate | Amount |
|---|-------|-----------|----------------------------------|
| 8 5/8 Baffle Plate | 1 | 120.00 | 120.00T |
| 8 5/8 Wooden Plug | 1 | 120.00 | 120.00T |
| Head & Manifold | 1 | 250.00 | 250.00T |
| MDC | 125 | 18.00 | 2,250.00 |
| Common | 175 | 15.50 | 2,712.50 |
| Gel | 329 | 0.22 | 72.38 |
| Calcium | 846 | 1.20 | 1,015.20 |
| Flo-Seal | 150 | 3.70 | 555.00 |
| SFC 501-1500' | 1 | 750.00 | 750.00 |
| Handling | 320 | 2.10 | 672.00 |
| .08 * sacks * miles | 9,600 | 0.08 | 768.00 |
| Service Supervisor | 1 | 150.00 | 150.00 |
| LMV | 60 | 3.75 | 225.00 |
| Heavy Equipment Mileage | 120 | 8.00 | 960.00 |
| Customer Discount | | -5,310.04 | -5,310.04 |
| Discount Expires after 30 days from the date of the invoice | | 0.00 | 0.00 |
| Feikert Farms #6-8 Ford Co. | | | |
| PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business! | | | Subtotal \$5,310.04 |
| | | | Sales Tax (7.65%) \$18.74 |
| | | | Total \$5,328.78 |

QUALITY WELL SERVICE, INC.

7754

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 | 3-20-21 | Sec. | 23 ⁸ | Twp. | 29 ³ | Range | 15 ²⁰ | County | Franklin | State | Ks | On Location | | Finish | |
| Lease | FEIKERT Farms | | | Well No. | 6-9 | | | Location | KINGSDOWN KI 1 E to 126 1 W | | | | | | |
| Contractor | TRICE D&G RIG #1 | | | | | | | Owner | Vince's sew into | | | | | | |
| 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. | 678' | | | | | | | | | | |
| Csg. | 8 5/8 23 # | | | Depth | 677' | | | Charge To | VINCENT OIL CORP | | | | | | |
| Tbg. Size | | | | Depth | | | | Street | | | | | | | |
| Tool | | | | Depth | | | | City | | | | State | | | |
| Cement Left in Csg. | | | | Shoe Joint | 39.58 | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | |
| Meas Line | | | | Displace | 40.79 | | | Cement Amount Ordered 125 sq max 3% CC 1/2" PS | | | | | | | |
| EQUIPMENT | | | | | | | | 175 sq Common 2% Gel 3% CC 1/2" PS | | | | | | | |
| Pumptrk | 8 | No. | | | | | | Common 12.5 sq | | | | | | | |
| Bulktrk | 7 | No. | | | | | | Poz-Mix 175 sq | | | | | | | |
| Bulktrk | 10 | No. | | | | | | Gel. 329 # | | | | | | | |
| Pickup | | No. | | | | | | Calcium 846 # | | | | | | | |
| JOB SERVICES & REMARKS | | | | | | | | Hulls | | | | | | | |
| Rat Hole | | | | | | | | Salt | | | | | | | |
| Mouse Hole | | | | | | | | Flowseal 150 # | | | | | | | |
| Centralizers | | | | | | | | Kol-Seal | | | | | | | |
| Baskets | | | | | | | | Mud CLR 48 | | | | | | | |
| D/V or Port Collar | | | | | | | | CFL-117 or CD110 CAF 38 | | | | | | | |
| Ran 17 H's 8 5/8 23 # Csg set @ 677' | | | | | | | | Sand | | | | | | | |
| Baffle Plate 1 # = 39.58 Start csg | | | | | | | | Handling 320 | | | | | | | |
| Csg. on Bottom Hookup to Csg | | | | | | | | Mileage 60 / 19600 | | | | | | | |
| 1 Began circ w/ rig | | | | | | | | 8 5/8 FLOAT EQUIPMENT | | | | | | | |
| START Pumping 10 Bbls H ₂ O | | | | | | | | Guide Shoe H' M 1 EA | | | | | | | |
| START mix Pump 125 sq max @ 12" Gal | | | | | | | | Centralizer Baffle Plate 1 EA | | | | | | | |
| START mix Pump 175 sq Common @ 14.3% gel | | | | | | | | Baskets 8 5/8 WOODEN PWSG 1 EA | | | | | | | |
| SHOT DOWN Valve 8 5/8 W PWSG | | | | | | | | AFU Inserts | | | | | | | |
| START Disp | | | | | | | | Float Shoe | | | | | | | |
| PWSG Down 41 @ 600 # | | | | | | | | Latch Down | | | | | | | |
| Close Valve on Csg | | | | | | | | SERVICE Spv 1 EA | | | | | | | |
| Circ CMT TO PT | | | | | | | | LMV 60 | | | | | | | |
| | | | | | | | | Pumptrk Charge Surface | | | | | | | |
| THANK YOU | | | | | | | | Mileage 120 | | | | | | | |
| PLEASE CALL AGAIN | | | | | | | | | | | | | | | |
| TODD DEZEL Richard JASON | | | | | | | | | | | | | | | |
| X Signature <i>M. H. Haly</i> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tax | | | |
| | | | | | | | | | | | | Discount | | | |
| | | | | | | | | | | | | Total Charge | | | |

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

| | |
|----------|-----------|
| Date | Invoice # |
| 9/2/2021 | C-2696 |

DJA = 17649

| |
|--|
| Bill To |
| Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202 |

| | | |
|----------|-------|--------------------|
| P.O. No. | Terms | Lease Name |
| | | Feikert Farms #6-8 |

| Description | Qty | Rate | Amount |
|---|--------|-----------|-----------|
| Common | 102 | 15.50 | 1,581.00T |
| Poz | 68 | 9.50 | 646.00T |
| Gel | 585 | 0.22 | 128.70T |
| Plug/Pump Charge | 1 | 950.00 | 950.00T |
| Handling | 176 | 2.10 | 369.60T |
| .08 * sacks * miles | 10,560 | 0.08 | 844.80T |
| Service Supervisor | 1 | 150.00 | 150.00T |
| LMV | 60 | 3.75 | 225.00T |
| Heavy Equipment Mileage | 120 | 8.00 | 960.00T |
| Customer Discount | | -2,049.29 | -2,049.29 |
| Discount Expires after 30 days from the date of the invoice | | 0.00 | 0.00 |
| Feikert Farms #6-8 Ford Co. | | | |

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!

Subtotal \$3,805.81

Sales Tax (7.65%) \$291.14

Total \$4,096.95

QUALITY WELL SERVICE, INC.

7759

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 |
|-----------------------------------|------|--------------|-------|---|-------|-------------|--------|
| 8.29.21 | B | 29S | 22W | FOZB | KS | | |
| Lease FEIKERT FARMS | | Well No. 6-B | | Location KINGSBURN, KS. 1 E IN ROADS | | | |
| Contractor Duke Oil & R.G. #1 | | | | Owner W S. W. #10 | | | |
| Type Job PTA | | | | 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 7 7/8 | | T.D. 5400' | | Charge To VINCENT OIL COOP | | | |
| Csg. | | Depth | | Street | | | |
| Tbg. Size | | Depth | | City State | | | |
| Tool | | Depth | | City State | | | |
| Cement Left in Csg. | | Shoe Joint | | The above was done to satisfaction and supervision of owner agent or contractor. | | | |
| Meas Line | | Displace | | Cement Amount Ordered 170 & 60/40 4 1/2 GEL | | | |
| EQUIPMENT | | | | | | | |
| Pumptrk 3 | No. | | | Common 102 SK | | | |
| Bulktrk 10 | No. | | | Poz. Mix 68 SK | | | |
| Bulktrk | No. | | | Gel. 585 | | | |
| Pickup | No. | | | Calcium | | | |
| JOB SERVICES & REMARKS | | | | | | | |
| Rat Hole 30 SK | | | | Hulls | | | |
| Mouse Hole 20 SK | | | | Salt | | | |
| Centralizers | | | | Flowseal | | | |
| Baskets | | | | Kol-Seal | | | |
| D/V or Port Collar | | | | Mud CLR 48 | | | |
| 1st Plug @ 1560' | | | | CFL-117 or CD110 CAF 38 | | | |
| Pump H2O | | | | Sand | | | |
| 50 SK 60/40 4 1/2 GEL | | | | Handling 176 | | | |
| Disp | | | | Mileage 60/10560 | | | |
| FLOAT EQUIPMENT | | | | | | | |
| 2nd Plug @ 720' | | | | Guide Shoe | | | |
| Pump H2O | | | | Centralizer | | | |
| 50 SK 60/40 4 1/2 GEL | | | | Baskets | | | |
| Disp | | | | AFU Inserts | | | |
| | | | | Float Shoe | | | |
| | | | | Latch Down | | | |
| 3rd Plug @ 60' | | | | | | | |
| 20 SK 60/40 4 1/2 GEL | | | | SERVICE SOW 1 EA | | | |
| | | | | Pumptrk Charge PTA | | | |
| THANK YOU | | | | Mileage 120 | | | |
| PLEASE CALL AGAIN | | | | | | | |
| TODD MIKE | | | | | | | |
| X Signature | | | | Tax | | | |
| | | | | Discount | | | |
| | | | | Total Charge | | | |



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

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

8-29s-22w Foed Co Ks

Feikert # 6-8

Job Ticket: 67174

DST#: 1

Test Start: 2021.08.27 @ 21:25:56

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:42:11
 Time Test Ended: 05:03:26
 Interval: **5285.00 ft (KB) To 5310.00 ft (KB) (TVD)**
 Total Depth: 5310.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Matt Smith
 Unit No: 68
 Reference Elevations: 2513.00 ft (KB)
 2501.00 ft (CF)
 KB to GR/CF: 12.00 ft

Serial #: 8788

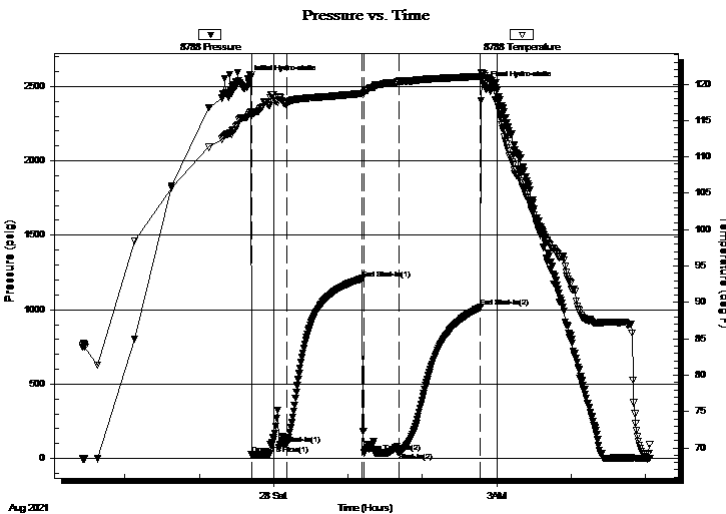
Inside

Press@RunDepth: 42.81 psig @ 5286.00 ft (KB)
 Start Date: 2021.08.27 End Date: 2021.08.28
 Start Time: 21:26:01 End Time: 05:03:25
 Capacity: 8000.00 psig
 Last Calib.: 2021.08.28
 Time On Btm: 2021.08.27 @ 23:39:26
 Time Off Btm: 2021.08.28 @ 02:49:56

TEST COMMENT: IF: Weak Blow . Built to 1.15". (30)
 IS: No Blow . (60)
 FF: Weak Blow . Built to 2.98". (30)
 FS: No Blow . (60)

PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2548.71 | 115.52 | Initial Hydro-static |
| 3 | 25.71 | 115.70 | Open To Flow (1) |
| 31 | 94.02 | 117.23 | Shut-In(1) |
| 93 | 1209.57 | 118.71 | End Shut-In(1) |
| 94 | 38.74 | 118.88 | Open To Flow (2) |
| 122 | 42.81 | 120.41 | Shut-In(2) |
| 188 | 1015.50 | 121.08 | End Shut-In(2) |
| 191 | 2502.03 | 121.45 | Final Hydro-static |



Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|---------------------|--------------|
| 60.00 | GOSWCM 1%g 1%w 98%m | 0.84 |
| 0.00 | 30' GIP 100% | 0.00 |
| | | |
| | | |
| | | |

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Vincent Oil Corporation

8-29s-22w Foed Co Ks

200 W Douglas Ave #725
Wichita, Ks. 67202

Feikert # 6-8

Job Ticket: 67174

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2021.08.27 @ 21:25:56

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:

7600 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.19 in³

Gas Cushion Type:

Resistivity: 7600.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbbl |
|--------------|---------------------|----------------|
| 60.00 | GOSWCM 1%g 1%w 98%m | 0.842 |
| 0.00 | 30' GIP 100% | 0.000 |

Total Length: 60.00 ft Total Volume: 0.842 bbl

Num Fluid Samples: 0

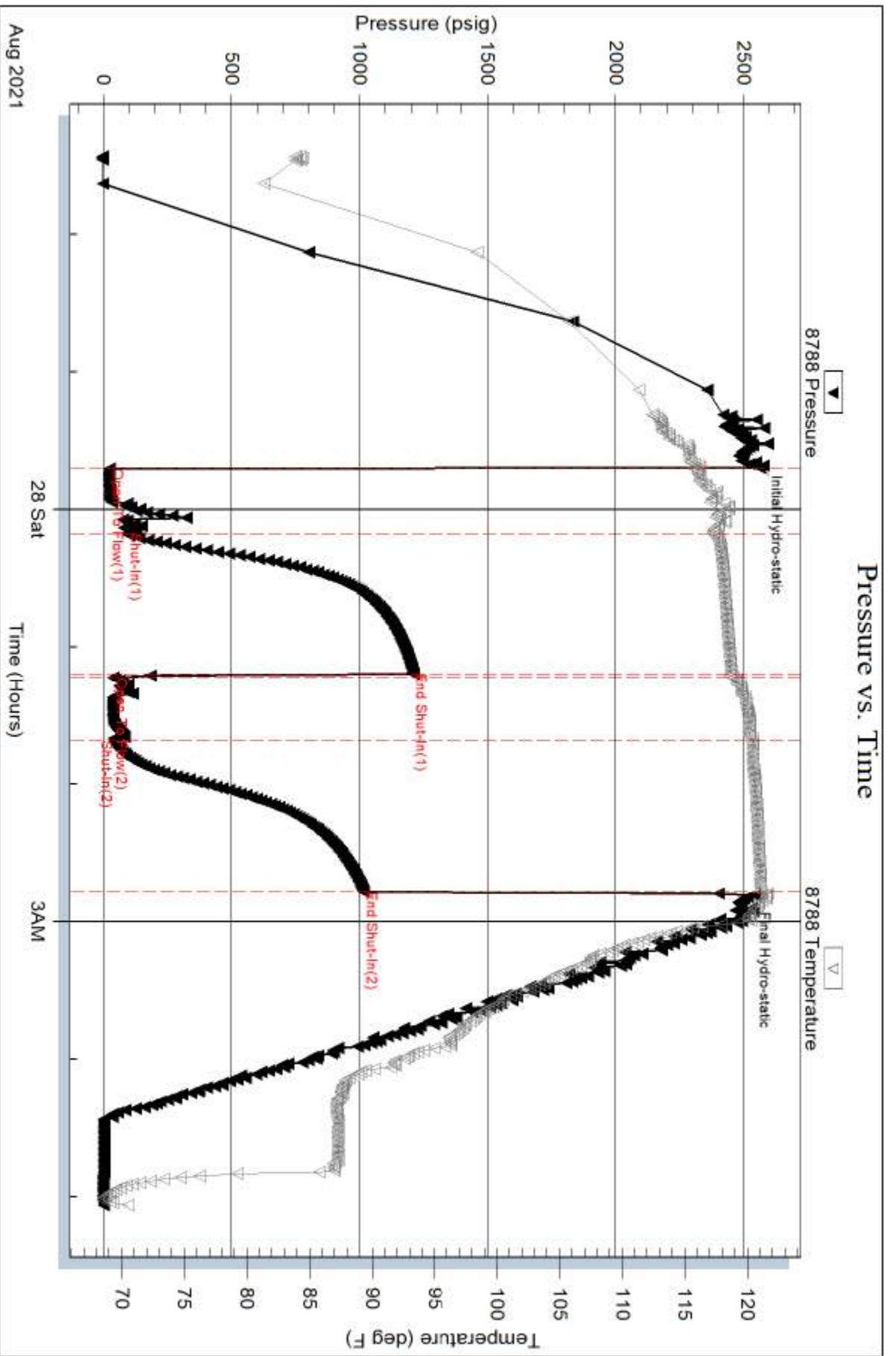
Num Gas Bombs: 0

Serial #: None

Laboratory Name:

Laboratory Location:

Recovery Comments: 30 FT of Gas in Pipe.



Serial #: 8931

Outside Vincent Oil Corporation

Feikent # 6-8

DST Test Number: 1

