

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

3/11/10

OPERATOR: License # 5004
Name: Vincent Oil Corporation
Address 1: 155 N. Market, Suite 7000
Address 2: _____
City: Wichita State: Ks Zip: 67202 + 1821
Contact Person: M.L. Korphage
Phone: (316) 262-3573
CONTRACTOR: License # 5822
Name: VAL Energy Inc.
Wellsite Geologist: Jlm Hall
Purchaser: Plains Marketing L.P. / Vincent Oil Corporation

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Exp. (California))

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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
11/6/2009 11/19/2009 1/15/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-057-20645-00-00
Spot Description: NE-SE-NW-SE
NE SE NW SE Sec. 31 Twp. 27 S. R. 23 East West
1900 Feet from North / South Line of Section
1540 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ford
Lease Name: Steele Well #: 1-31
Field Name: Wildcat
Producing Formation: Mississippian
Elevation: Ground: 2500 Kelly Bushing: 2510
Total Depth: 5330' Plug Back Total Depth: 5312'
Amount of Surface Pipe Set and Cemented at: 683 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 AKINS 3-10-10
(Data must be collected from the Reserve Pit)
Chloride content: 18,100 ppm Fluid volume: <100 bbls
Dewatering method used: Allow to dry by evaporation, backfill and level
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

RECEIVED
MAR 03 2010
KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: M.L. Korphage
Title: Geologist Date: 3/1/2010

Subscribed and sworn to before me this 1st day of March
20 10

Notary Public: Yolanda Eubank
Date Commission Expires: _____

YOLANDA EUBANKS
NOTARY PUBLIC
STATE OF KANSAS
Exp. Date: 10-9-13

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

AMIC

Side Two

Operator Name: Vincent Oil Corporation Lease Name: Steele Well #: 1-31
 Sec. 31 Twp. 27 S. R. 23 East West County: Ford

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner Shale 4242	(-1732)
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Top	Datum
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Limestone 4361	(-1851)
List All E. Logs Run:		Lansing 4370	(-1860)
Dual Induction , Density/Neutron, Micro-log, Sonic, & Cement Bond Log		Stark Shale 4706	(-2196)
		Pawnee 4918	(-2408)
		Cherokee 4961	(-2451)
		Base Penn Limestone 5062	(-2552)
		Mississippian 5094	(-2584)

CASING RECORD <input checked="" 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
Surface casing	12 1/4"	8 5/8"	23#	683'	65/35 POZ	220 sx	6% Gel, 3% CC, & flo-seal
" "					Common	100 sx	2% Gel, 3% CC
Production Casing	7 7/8"	4 1/2"	10.5#	5312'	ASC	150 sx	5# Kol-seal/sx

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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
4 SPF	Perforated 5101-5104, 5114-5122, 5144 -5148; A/500 gal	MCA, communicated w/ all perms, A/ 1000,	
	tested 10 bbls muddy oil in 30", SI, SITP 1460#, tested	16 bbls muddyoil /hr,4th hr tested 5.7 bbls gassy	
	oil w/ ~200 MCFG, SDFN, SITP 1300#, tested for 4 hrs,	last hr at 4.75 bbls water & gas cut emulsified oil,	
	Killed well with KCL water, pulled tubing, SDFN, SICP	200#, blew well down, ran tubing and rods,	
	POP, Turned well to Production :1/15/2010		

TUBING RECORD:	Size: 2 3/8"	Set At: 5270'	Packer At: None	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1/15/2010	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 25 BOPD	Gas Mcf 200 MCF	Water Bbls. 25 BWPD	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: Mississippian 5104 to 5148 OA
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ALLIED CEMENTING CO., LLC. 043056

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>1-19-09</u>	SEC. <u>3</u>	TWP. <u>27S</u>	RANGE <u>23W</u>	CALLED OUT <u>6:15 AM</u>	ON LOCATION <u>10:15 AM</u>	JOB START <u>12:00 Noon</u>	JOB FINISH <u>12:35 PM</u>
LEASE <u>Steele</u>	WELL # <u># 7-31</u>	LOCATION <u>Ford, KS. 1/4 N,</u>			COUNTY <u>Ford</u>	STATE <u>KS.</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>7w, N/S</u>					

CONTRACTOR VAI # 2

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D.

CASING SIZE 4 1/2 DEPTH 5312'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1300 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 10'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 85 3/4 Bbls 2% KCL

EQUIPMENT

PUMP TRUCK CEMENTER Carl Balding

471-265 HELPER Dave West

BULK TRUCK

364 DRIVER Matt Timmsch

BULK TRUCK

_____ DRIVER _____

REMARKS:

Run 5312' 4 1/2 casing Drop ball + circulate on bottom 1 hour. Mix 500 Gas ASF plug rat + mouse with 50 sx 60:40:4 Mix + pump 150 sx ASC + additives wash pump + lines + release plug. Displace with 85 3/4 Bbls 2% KCL water. Bump plug + float held. Thank you

CHARGE TO: Vincent Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., 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 Pat Livingston

SIGNATURE Pat Livingston

OWNER Vincent Oil Co.

CEMENT

AMOUNT ORDERED 500gal ASF 13gal clapro.

150 sx Class A ASC + 5% Kol Seal

1 - 5% FL-160 50 sx 60:40:4

COMMON <u>30 SX</u>	@ <u>13.50</u>	<u>405.00</u>
POZMIX <u>20 SX</u>	@ <u>7.55</u>	<u>151.00</u>
GEL <u>2 SX</u>	@ <u>20.25</u>	<u>40.50</u>
CHLORIDE _____	@ _____	_____
ASC <u>150 SX</u>	@ <u>16.70</u>	<u>2,505.00</u>
<u>Kol-seal 750 #</u>	@ <u>.85</u>	<u>637.50</u>
<u>FL-160 70 #</u>	@ <u>11.80</u>	<u>826.00</u>
<u>ASF 500gal</u>	@ <u>1.00</u>	<u>500.00</u>
<u>Clapro 13gal</u>	@ <u>30.40</u>	<u>395.20</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>100 SX</u>	@ <u>2.40</u>	<u>240.00</u>
MILEAGE <u>100 SX X 10 X 10</u>		<u>100.00</u>
		TOTAL <u>5,800.20</u>

SERVICE

DEPTH OF JOB 5312'

PUMP TRUCK CHARGE _____ 1,957.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 10 @ 7.00 70.00

MANIFOLD _____ @ _____

Head Rental @ N/C

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MAR 3 2010 TOTAL 2,027.00

KCC WICHITA PLUG & FLOAT EQUIPMENT

<u>1- Reg. Evide shoe</u>	@ <u>100.80</u>	<u>100.80</u>
<u>1- AFV insert</u>	@ <u>112.00</u>	<u>112.00</u>
<u>6- Centralizer S</u>	@ <u>32.20</u>	<u>193.20</u>
<u>1- Rubber Plug</u>	@ <u>74.00</u>	<u>74.00</u>
_____	@ _____	_____
		TOTAL <u>480.00</u>

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 043005

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Medicine Lodge, KS

DATE <u>11/07/09</u>	SEC. <u>31</u>	TWP. <u>27s</u>	RANGE <u>25W</u>	CALLER OUT <u>12:00 AM</u>	ON LOCATION <u>3:30 AM</u>	JOB START <u>10:50 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>Steele</u>		WELL # <u>1-31</u>		LOCATION <u>Ford, KS, 1/2N, 6W, N/4 Nto</u>		COUNTY <u>Ford</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Val #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 735

CASING SIZE 8 5/8 DEPTH ~~735~~ 686

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 800 MINIMUM —

MEAS. LINE _____ SHOE JOINT 42

CEMENT LEFT IN CSG. 42'

PERFS. _____

DISPLACEMENT 4 1/2 Bbls Fresh H₂O

OWNER Vincent oil

CEMENT

AMOUNT ORDERED 220sx 6.5:35.6% gel + 3% acc + 1/4" Flo seal & 100sx "A" + 3% acc + 2% gel

COMMON <u>100sx</u>	@ <u>13.50</u>	<u>1350.00</u>
POZMIX _____	@ _____	_____
GEL <u>2sx</u>	@ <u>20.25</u>	<u>40.50</u>
CHLORIDE <u>10sx</u>	@ <u>51.50</u>	<u>515.00</u>
ASC _____	@ _____	_____
lite <u>220sx</u>	@ <u>12.70</u>	<u>2,794.00</u>
Flo seal <u>55</u>	@ <u>2.25</u>	<u>123.75</u>
HANDLING <u>50'sx</u>	@ <u>2.40</u>	<u>120.00</u>
MILEAGE <u>100 X 10 X .70 =</u>		<u>100.00</u>
TOTAL		<u>5,043.95</u>

EQUIPMENT

PUMP TRUCK # 372 CEMENTER D. Felio

BULK TRUCK # 421-251 DRIVER D. Felio

BULK TRUCK # _____ DRIVER _____

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REMARKS:

Pipe on Bttm, Break Circ., Pump Spacer, Mix 220sx lite weight Cement, mix 100sx tail Cement, Stop Pump, Release Plug, Start Disp w/ Fresh H₂O, Wash up on Plug, See increase in PST, Slow Rate, Bump Plug at 4 1/2 total Bbls, Shutin, Cement Did Circ.

CHARGE TO: Vincent oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>735 686</u>		
PUMP TRUCK CHARGE _____		<u>991.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>10</u>	@ <u>7.00</u>	<u>70.00</u>
MANIFOLD _____	@ _____	_____
TOTAL		<u>1061.00</u>

PLUG & FLOAT EQUIPMENT

<u>1- Baffle Plate</u>	@ <u>68.00</u>	<u>68.00</u>
<u>1- Cement Basket</u>	@ <u>221.00</u>	<u>221.00</u>
<u>3- Centralizers</u>	@ <u>49.00</u>	<u>147.00</u>
<u>1- TRP</u>	@ <u>113.00</u>	<u>113.00</u>
TOTAL		<u>549.00</u>

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PRINTED NAME Rick Smith

SIGNATURE Rick Smith

SALES TAX (If Any) _____

TOTAL CHARGES ~~1061.00~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS