



KANSAS CORPORATION COMMISSION 1090806
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5004
Name: Vincent Oil Corporation
Address 1: 155 N MARKET STE 700
Address 2:
City: WICHITA State: KS Zip: 67202 + 1821
Contact Person: M.L. Korphage
Phone: (316) 262-3573
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Ken LeBlanc
Purchaser: None - D&A

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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>4/18/2012</u>	<u>4/28/2012</u>	<u>4/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-057-20796-00-00
Spot Description: SW-NE-NE-NE
SW NE NE NE Sec. 36 Twp. 28 S. R. 23 East West
520 Feet from North / South Line of Section
460 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ford
Lease Name: McCarty Well #: 4-36
Field Name: Wildcat
Producing Formation: D&A
Elevation: Ground: 2505 Kelly Bushing: 2513
Total Depth: 5380 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 652 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

(Date must be collected from the Reserve Pit)

Chloride content: 20000 ppm Fluid volume: 800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: American Warrior Inc.
Lease Name: Billings License #: 4058
Quarter NE Sec. 35 Twp. 22 S. R. 23 East West
County: Hodgeman Permit #: D27511

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

- Letter of Confidentiality Received
Date: 08/16/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gammor Date: 08/22/2012