



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: Brad Rine
 Purchaser: Plains Marketing

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>5/14/2012</u>	<u>5/23/2012</u>	<u>8/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-057-20804-00-00
 Spot Description: _____
NW NE NE SE Sec. 14 Twp. 27 S. R. 24 East West
2525 Feet from North / South Line of Section
390 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ford
 Lease Name: Schneweis Well #: 1-14
 Field Name: Thunder
 Producing Formation: Pawnee
 Elevation: Ground: 2452 Kelly Bushing: 2460
 Total Depth: 5100 Plug Back Total Depth: 5095
 Amount of Surface Pipe Set and Cemented at: 494 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 930
 feet depth to: 170 w/ 700 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 16800 ppm Fluid volume: 900 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: 09/11/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 09/11/2012