



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed

Form must be Signed

All blanks must be Filled

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 # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Jim Hall
Purchaser: MVP LLC

Designate Type of Completion:
[] New Well [] Re-Entry [] Workover
[] Oil [] WSW [] SWD [] SLOW
[] 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 #:

Table with 3 columns: Date (7/23/2012, 8/2/2012, 8/24/2012), Spud Date or Recompletion Date, Date Reached TD, Completion Date or Recompletion Date

API No. 15 - 15-057-20823-00-00
Spot Description: NW-SE-NE-NE NWSSENE
NW SE NE NE Sec. 29 Twp. 29 S. R. 24 [] East [x] West
820 Feet from [x] North [] South Line of Section
540 Feet from [x] East [] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[x] NE [] NW [] SE [] SW
County: Ford
Lease Name: Lokken Well #: 1-29
Field Name: Wildcat
Producing Formation: Morrow / Mississippian
Elevation: Ground: 2564 Kelly Bushing: 2574
Total Depth: 5420 Plug Back Total Depth: 5412
Amount of Surface Pipe Set and Cemented at: 644 Feet
Multiple Stage Cementing Collar Used? [] Yes [x] 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: 14100 ppm Fluid volume: 900 bbls
Dewatering method used: Evaporated
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

[x] Letter of Confidentiality Received Date: 11/20/2012
[] Confidential Release Date:
[x] Wireline Log Received
[x] Geologist Report Received
[] UIC Distribution
ALT [x] I [] II [] III Approved by: NAOMI JAMES Date: 11/26/2012