



KANSAS CORPORATION COMMISSION 1104121
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

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

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 #: _____
8/10/2012 8/21/2012 9/14/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-057-20833-00-00
Spot Description: SW-NW-NE-NE
SW NW NE NE Sec. 4 Twp. 29 S. R. 23 East West
350 Feet from North / South Line of Section
1255 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ford
Lease Name: Swonger Well #: 1-4
Field Name: Wildcat
Producing Formation: Mississippian
Elevation: Ground: 2546 Kelly Bushing: 2556
Total Depth: 5440 Plug Back Total Depth: 5425
Amount of Surface Pipe Set and Cemented at: 657 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: 16300 ppm Fluid volume: 1100 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

Letter of Confidentiality Received
Date: 12/07/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 12/13/2012