

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

JAN 02 2003

Form ACO-1
 September 1999
 Form Must Be Typed

KCC WICHITA ORIGINAL 1-2-03

Operator: License # 5004
 Name: Vincent Oil Corporation
 Address: 125 N. Market, Suite 1075
 City/State/Zip: Wichita, Kansas 67202
 Purchaser: n/a
 Operator Contact Person: Rick Hiebsch
 Phone: (316) 262-3573
 Contractor: Name: H-D Oilfield Services, Inc.
 License: 32970
 Wellsite Geologist: none
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Viersen & Cochran
 Well Name: Johnson #1
 Original Comp. Date: 6-27-44 Original Total Depth: 5328
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Ccmmingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>12-4-02</u>	<u>12-07-02</u>	<u>12-09-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

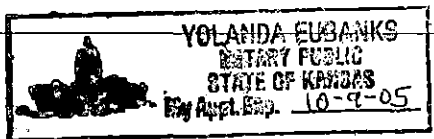
API No. 15 - 097-00180-00-01
 County: Kiowa
 NE NE SE Sec. 22 Twp. 28 S. R. 18 East West
2350 feet from S / N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Johnson Well #: 1 OWWO
 Field Name: Hardy Extension
 Producing Formation: none
 Elevation: Ground: 2229 Kelly Bushing: _____
 Total Depth: 3736 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 562 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 P+H'd Bu 1-3-03
 (Data must be collected from the Reserve Pit)
 Chloride content 110,000 ppm Fluid volume 500 bbls
 Dewatering method used evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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: Richard A. Hiebsch
 Title: President Date: 12-31-02
 Subscribed and sworn to before me this 31st day of December,
2002
 Notary Public: Yolanda Eubanks
 Date Commission Expires: _____



KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
 _____ UIC Distribution

ORIGINAL

Operator Name: Vincent Oil Corporation Lease Name: Johnson Well #: 1 OWWO
 Sec. 22 Twp. 28 S. R. 18 East West County: Kiowa

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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 KCC WICHITA

CASING RECORD New <input checked="" 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	existing	8 5/8		562	unknown		

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No

Date of First, Resumed Production, SWD or Enhr.		Producing Method					
		Flowing	Pumping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC.

10800

Federal Tax I.D.# 48-0727860

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

ORIGINAL

SERVICE POINT:

Medicine Lodge

DATE <u>12-09-02</u>	SEC. <u>22</u>	TWP. <u>28S</u>	RANGE <u>16W</u>	CALLED OUT <u>12:15 PM</u>	ON LOCATION <u>1:15 PM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Johnson</u>		WELL # <u>1</u>		LOCATION <u>Greensburg 1 1/2 S, 1 1/2 W</u>		CCOUNTY <u>Kiowa</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Cheyenne w/s
 TYPE OF JOB Rotary plug
 HOLE SIZE 7 7/8 F.D.
 CASING SIZE 8 5/8 DEPTH 562'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 30 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT Freshwater

EQUIPMENT

PUMP TRUCK CEMENTER Carl Balding
 # 281 HELPER Steve Davis
 BULK TRUCK DRIVER Robert Long
 # 242 DRIVER _____
 BULK TRUCK DRIVER _____

OWNER Vincent Oil RECEIVED
 CEMENT AMOUNT ORDERED 115 sx 60:40:6 JAN 02 2003
 KCC WICHITA
 COMMON A 69 sx @ 6.65 458.85
 POZMIX 46 sx @ 3.55 163.30
 GEL 6 sx @ 10.00 60.00
 CHLORIDE @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 121 @ 1.10 133.10
 MILEAGE 121 x .04 x 35 169.40
 TOTAL 984.65

REMARKS:

SERVICE

1st plug 1200' load Hole 13 Bbls water, Pump 50 sx cement
Disp w/ 4 Bbls water
2nd plug 580' load Hole 8 Bbls water, Pump 50 sx cement
Disp w/ 1 3/4 Bbls water,
3rd plug 40' to surface, pump 15 sx cement
 DEPTH OF JOB 1200'
 PUMP TRUCK CHARGE 520.00
 EXTRA FOOTAGE @ _____
 MILEAGE 35 @ 3.00 105.00
 PLUG @ _____
 @ _____
 @ _____
 TOTAL 625.00

CHARGE TO: Vincent Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____
 TAX -0-
 TOTAL CHARGE 1609.65
 DISCOUNT 160.96 IF PAID IN 30 DAYS
NET 1448.69

SIGNATURE Pat Livingston

PRINTED NAME