CORRECTION #1

KOLAR Document ID: 1372063

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
□ OG □ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demoit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #: ☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huld disposal if flauled offsite.
GSW Permit #:	Operator Name:
_	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

CORRECTION #1

KOLAR Document ID: 1372063

Operator Name:				Lease Name	e:			Well #:	
Sec Twp	S. R.	East	t West	County:					
and flow rates if gas	wing and shu to surface tes	t-in pressures, who st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static la nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submitt								go o noomoigo.	. 2.9 0.00
Drill Stem Tests Take			∕es		Log	g Formatic	n (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey 🗌 \	∕es □ No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	_		∕es □ No ∕es □ No ∕es □ No						
Liot All E. Logo Han.									
		Rep	CASING ort all strings set-c	RECORD	New	Used	on, etc.		
Purpose of String			ze Casing	Weight		Setting	Type of	# Sacks	Type and Percent
	Dri	lled Se	et (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
	<u>'</u>		ADDITIONAL	. CEMENTING /	SQUE	EZE RECORD			
Purpose:		epth Typ	e of Cement	# Sacks Used	t		Type and F	Percent Additives	
Perforate		Bottom							
Plug Back TD Plug Off Zone	' <u> </u>								
r lug on zone									
1. Did you perform a h	ydraulic fracturi	ng treatment on this	well?			Yes	No (If No, sk	ip questions 2 an	d 3)
2. Does the volume of			_		-		=	ip question 3)	(" 100 1)
Was the hydraulic fra	acturing treatme	ent information subm	itted to the chemic	al disclosure regis	stry?	Yes	No (If No, fill	out Page Three o	of the ACO-1)
Date of first Production Injection:	n/Injection or Re	esumed Production/	Producing Meth	nod:		as Lift C	other (Explain)		
Estimated Production		Oil Bbls.			Water			Gas-Oil Ratio	Gravity
Per 24 Hours		OII DDI3.	das	IVIOI	vvaioi	Di			Gravity
DISPOSIT	TION OF GAS:		N.	METHOD OF CON	//PLETI	ON:		PRODUCTIO	N INTERVAL:
Vented So		on Lease	Open Hole		ually C	_	nmingled	Тор	Bottom
(If vented, S	Submit ACO-18.)			(St	ubmit AC	CO-5) (Subi	mit ACO-4)		
	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer		Record
Foot	Тор	Bottom	Type	Set At			(Amount and Kind	of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					
		22.7		•					

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	MORPHEW 4-33
Doc ID	1372063

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	3582	3585			Existing perforations
4	3600	3606			Existing perforations
					Pulled existing rods, tubing & downhole pump, ran tubing and packer and set above existing perforations.
					Took short rate test, set packer, loaded tubing / casing annulus & tested to 350# with no loss.
					Released packer, TOH with tubing & packer. 2.3750" lined tubing was run on a lined AD-1 packer and set at a depth of 3545'.

Form	ACO1 - Well Completion	
Operator	Vincent Oil Corporation	
Well Name	MORPHEW 4-33	
Doc ID	1372063	

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
					The tubing / casing annulus was loaded with freshwater & packer fluid.
					Following a State witnessed Mechanical Integrity pressure test to 325# the well was shut in awaiting issuance of a final EOR injection permit

Form	ACO1 - Well Completion	
Operator	Vincent Oil Corporation	
Well Name	MORPHEW 4-33	
Doc ID	1372063	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	"	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	219	Common	160	2% Gel & 3% CC)
Production	7.875	4.5	10.5	3816	ASC	160	2% Gel

Summary of Changes

Lease Name and Number: MORPHEW 4-33

API/Permit #: 15-065-23209-00-01

Doc ID: 1372063

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value	
Approved Date	10/25/2017	11/01/2017	
CasingSettingDepthPD F_2	3716	3816	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 71551	//kcc/detail/operatorE ditDetail.cfm?docID=13 72063	

KOLAR Document ID: 1371551

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #		API No.:			
Name:		Spot Description:			
Address 1:			East West		
Address 2:		Feet from \(\square\) North / \(\square\) South L	ine of Section		
City: State:	_ Zip:+	Feet from East / West L	ine of Section		
Contact Person:		Footages Calculated from Nearest Outside Section Corner:			
Phone: ()		□NE □NW □SE □SW			
CONTRACTOR: License #		GPS Location: Lat:, Long:			
Name:			-xxx.xxxxx)		
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84			
Purchaser:		County:			
Designate Type of Completion:		Lease Name: Well #:			
New Well Re-Entry	Workover	Field Name:			
□ Oil □ WSW □ SWD		Producing Formation:			
Gas DH EOR		Elevation: Ground: Kelly Bushing:			
		Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at:	Feet		
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows		If yes, show depth set:	Feet		
Operator:		If Alternate II completion, cement circulated from:			
Well Name:		feet depth to:w/	sx cmt.		
Original Comp. Date: Original	al Total Depth:				
Deepening Re-perf. Conv. t	to EOR Conv. to SWD	Drilling Fluid Management Plan			
Plug Back Liner Conv. t	to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
Committee Downit the		Chloride content:ppm Fluid volume:	bbls		
		Dewatering method used:			
		Location of fluid disposal if hauled offsite:			
		Location of hair disposal if hadred offsite.			
		Operator Name:			
		Lease Name: License #:			
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R	East West		
Recompletion Date	Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
☐ Wireline Log Received ☐ Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

KOLAR Document ID: 1371551

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
INSTRUCTIONS: Show important tops 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.								
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
	Orill Stem Tests Taken (Attach Additional Sheets) Drill Stem Tests Taken Dr							
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		Depth Type of Cement		# Sacks Used		Percent Additives		
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Shots Per Perforation Perforation Foot Top Bottom Type Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				Record			
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	MORPHEW 4-33
Doc ID	1371551

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	3582	3585			Existing perforations
4	3600	3606			Existing perforations
					Pulled existing rods, tubing & downhole pump, ran tubing and packer and set above existing perforations.
					Took short rate test, set packer, loaded tubing / casing annulus & tested to 350# with no loss.
					Released packer, TOH with tubing & packer. 2.3750" lined tubing was run on a lined AD-1 packer and set at a depth of 3545'.

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Operator	Vincent Oil Corporation
Well Name	MORPHEW 4-33
Doc ID	1371551

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
					The tubing / casing annulus was loaded with freshwater & packer fluid.
					Following a State witnessed Mechanical Integrity pressure test to 325# the well was shut in awaiting issuance of a final EOR injection permit

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	MORPHEW 4-33
Doc ID	1371551

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	"	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	219	Common	160	2% Gel & 3% CC)
Production	7.875	4.5	10.5	3716	ASC	160	2% Gel

ALLIED CEMENTING CC., INC.

Federal Tax I.D.# 48-0727860

28028

REMIT TO P.O. BOX 31

SERVICE POINT:

PRINTED NAME

RUSSELL, KANSAS 67665 Sussell RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 8-7-06 STATE STATE WELL# ar. he OLD OR NEW (Circle one) CONTRACTOR IN LO INI OWNER TYPE OF JOB 5 HOLE SIZE **CEMENT** DEPTH 220 CASING SIZE AMOUNT ORDERED 160 Com 38 TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM COMMON_ MEAS. LINE SHOE JOINT POZMIX @ CEMENT LEFT IN CSG. **GEL** (a) PERFS. **CHLORIDE** (a) DISPLACEMENT @ 13Bb1 ASC @ **EQUIPMENT** (a) @ **PUMP TRUCK** CEMENTER STAR (a) # 409 HELPER (a) BULK TRUCK @ #410 DRIVER @ BULK TRUCK @ DRIVER HANDLING 13 @ 319 = MILEAGE _ TOTAL _33645 REMARKS: SERVICE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE @ (a) MANIFOLD. @ @ TOTAL 1235 STREET = CITY_ __STATE _ ZIP PLUG & FLOAT EQUIPMENT (a) @ 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 TOTAL _____ done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND TAX-CONDITIONS" listed on the reverse side. TOTAL CHARGE == DISCOUNT ---_____ IF PAID IN 30 DA' Todal

ALLIED PEMENTING CC., INC. Federal Tax I.D.# 48-0727860

28040

REMIT TO P.O. B RUSS	OX 31 ELL, KAN	NSAS 676	65		SER	VICE POINT:	
DATE 8-14-06	SEC.	TWP.	RANGE 20	CALLED OUT	ON LOCATION	JOB START	JOB FINIS
	33			Ci or d		COUNTY	STATE
LEASE Mocoley	WELL#	4-33	LOCATION HI	City 2E to	レシレ	Circham	STATE
Circle OR NEW (Cir	rcle one)		Nick			_	
CONTRACTOR /	IW D	1)10	25*6	OWNER			
TYPE OF JOB 7		TD	. 3825'	CEMENT			
HOLE SIZE 78			PTH 38 18		DERED	15 %	61
TUBING SIZE	10-11		PTH	,500 Gal	WER-2	10% 54	
DRILL PIPE			PTH				
TOOL PONT	olbi		PTH 1845"				
PRES MAX	4.1		NIMUM				
MEAS. LINE	000		DE JOINT (O)			@ <u></u>	- <u></u>
CEMENT LEFT IN PERFS:	CSO. 10	,		GEL CHLORIDE _	<u> </u>	_ @ <u>_</u>	
DISPLACEMENT	1.01	2		ASC			2290
DIST PACEMENT		BOLLENIE		350		@	- Sept. 18
	ьQU	IPMENT		44.4	500-50	@	55.
	many and			2,12	4	@	
	CEMENTI	R				@	
1-4	HELPER	Crays		_		@	
BULK TRUCK # 30a I	ORIVER	P				@	
# 399 I BULK TRUCK	JKI V LK	A SO				@	-
	ORIVER			TIANDAL INC	130	@	343
				— HANDLING _ MILEAGE	-14- -14-16		A77.2
	DEA	AARKS:		WILLAGE	7		4745
K 1 D1		I ALTA HALANDA				TOTA	
15.5ks Kart	1000 01			_	SERVI	CE	
Plus budal @	D 1200	psi	Float Hold	DEBTH OF IC	ND	2	
				DEPTH OF JO	ов CHARGE		37.0
							-2-
T.1	2			MILEAGE	AGE	@ 5.22	4,01
- I hout To	u_				200		
111000						@	
						@	Y25.
CHARGE TO: 🅼	cent (70)						
						TOTAL	L
STREET							
CITY	STA	ATE	ZIP	_	PLUG & FLOA	T EQUIPME	NT
				7 11 /	· d. o	0 153	212
				一个 自	and the	@ 1300	3/3
T 122 1 C				1 旗	- Coller		1 1
To Allied Cement				1 450 P	bes The	_ @	
			nenting equipmen	1 422	Leighor	@	17,5
and furnish cemer		-		41/2 AF	-14		145
			he above work wa			TOTA	2440
			of owner agent or			10170	<u>, , , , , , , , , , , , , , , , , </u>
			d the "TERMS AN	TAX		_	
CONDITIONS" I	isted on th	ne revers	e side.				
				TOTAL CHAR	RGE		
				DISCOUNT -		IF PA	ID IN 30 DA
6	1	/ **		\bigcirc	1 61	1	
SIGNATURE TO	1	1141	Marton	tot	-61111	aston	7
ASIMIORE III		WU U	1		PRINEE	ED NAME	1
			V		, mil	THE	

ALLIED CEMENTING CO., INC. 24524 Federal Tax 1.D.# 48-0727860

REMIT TO P.O. BOX 31

SERVICE POINTE

RUSSELL, KANSAS 67665		Cakley
DATE SEC. 33 TWP RANGE 224	CALLED OUT ON LOCATION	JOB START JOB FINISH
LEASE WELL# 4-33 LOCATION #1	Acity 4816 GLAS	COUNTY STATE
OLD OR (Circle one)	i city to the the state	11411-1-15
CONTRACTOR H-Duell Service	OWNER Sマル,	1
TYPE OF JOB PONT CONEY	CWINER : 3930 A	
HOLE SIZE T.D.	CEMENT	
CASING SIZE 4 7 DEPTH	AMOUNT ORDERED	
	350 9/5 69/40 Per 67	6-149 Flace
TUBING SIZE 2% DEPTH 1944	30 7F3 12 4 70 FC1-CA	C101 10 1 10 7001
DRILL PIPE DEPTH		
TOOL DEPTH	1/2-12	4 0 0 0 0 0 0 0 C
PRES. MAX MINIMUM	COMMON 2/2 3/2	@ 12.20 2562 c
MEAS. LINE SHOE JOINT	POZMIX //C.S.E.S	@ 6,16 854,0
CEMENT LEFT IN CSG.	GEL 1855	@ 16.65 298 70
PERFS. 4	CHLORIDE	@
DISPLACEMENT 674 665	ASC	@
EQUIPMENT		ũ.
E & OKK HEELT I	FIC SEGI 88 "	@ 2,00 176 00
DUTATO TO LICIL CIDATENTE AND A CONTROL OF THE CONT		(a
PUMPTRUCK CEMENTER		@
#373-286 HELPER AMBIELL		(w)
BULK TRUCK		@
# 384 DRIVER Algh		@
BULK TRUCK		(a)
# DRIVER	HANDLING 378 SKS	@ 1190 699.20
	MILEAGE 77	11. 19
DEMADIZO.	WILLAGE 7	724/6
REMARKS:	TW.	TOTAL 72 40.5
Oressure Port coller Tolocotte	1 /4	
Epen Tout pump had Blown Mix	SERVIC	CE
150.5KS CEMENT. DISOLONG BA	\$1	
Cement did circulal. Ran	DEPTH OF JOB	9461
4 Jante Leverse Tub Claim	PUMP TRUCK CHARGE	95.50
The state of the s	EXTRA FOOTAGE	
2Δ 2	MILEAGE SC MA 183	@6,00 480,0
They Vin.	-	
- Ingnis YOU	— MANIFOLD	@
		(d)
		@
CHARGE TO: Lincont Cil		
		TOTAL 1435.0
STREET		10000
CITYSTATEZIP		
JIIIZIP	PLUG & FLOAT	EQUIPMENT
		-
	(<u> </u>
	5	
To Allied Cementing Co., Inc.		
You are hereby requested to rent cementing equipmen	nt	
and furnish cementer and helper to assist owner or		@
	an e	
contractor to do work as is listed. The above work w		TOTAL
done to satisfaction and supervision of owner agent o		DIAL
contractor. I have read & understand the "TERMS A	ND	
CONDITIONS" listed on the reverse side.	TAX	
	TOTAL CHARGE	
(A)	DISCOUNT	
WAR I'V	D-1 1.1	H
E. A. III W.		