



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	THOMPSON 2-20
Doc ID	1174262

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4694	4714	Mississippian	

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5004
 Name: Vincent Oil Corporation
 Address: 155 N. Market, Suite 700
 City/State/Zip: Wichita, Kansas 67202
 Purchaser: SemCrude LP
 Operator Contact Person: Rick Hiebsch
 Phone: (316) 262-3573
 Contractor: Name: Pickrell Drilling Co., Inc.
 License: 5123
 Wellsite Geologist: Tom Funk
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

9-29-07	10-08-07	1-22-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

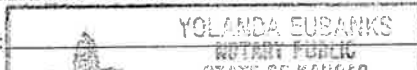
API No. 15 - 151-22283-0000
 County: Pratt
100' N W/2 Sec. 20 Twp. 29 S. R. 15 East West
2540 feet from S / N (circle one) Line of Section
1320 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Thompson Well #: 2-20
 Field Name: wildcat
 Producing Formation: Mississippian
 Elevation: Ground: 2032 Kelly Bushing: 2037
 Total Depth: 4912 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 412 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 19,000 ppm Fluid volume 1000 bbls
 Dewatering method used removed free fluids and allow to dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Oil Producer, Inc. of Kansas
 Lease Name: Watson #2 SWD License No.: 8061
 Quarter SW Sec. 8 Twp. 29 S. R. 15 East West
 County: Pratt Docket No.: D-24238

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 H. Hiebsch
 Title: President Date: February 25, 2008
 Subscribed and sworn to before me this 25th day of February,
 20 08.
 Notary Public: Yolanda Eubanks
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Vincent Oil Corporation Lease Name: Thompson Well #: 2-20
 Sec. 20 Twp. 29 S. R. 15 East West County: Pratt

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See attached sheets

List All E. Logs Run:

Dual Induction, Compensated Density/Neutron,
 Sonic, Micro

CASING RECORD New 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	12 1/4 in.	8 5/8	23	412 ft.	60-40 Poz	400	2% gel, 3% cc
Production	7 7/8 in.	5 1/2	14	4900 ft.	ASC	185	5# Kol-seal/sx

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	4694 to 4714 ft.	2000 gals. 15% MCA, Frac with 104,000# sand and	perfs
		5714 bbls. of slick water	

TUBING RECORD Size 2 7/8 in. Set At 4750 ft. Packer At _____ Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. 2-21-08 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 25 Bbls. Gas 0 Mcf Water 100 Bbls. Gas-Oil Ratio _____ Gravity 38

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) _____

Vincent Oil Corporation
Thompson #2-20 (API # 15-151-22283-00-00)
2540' FNL & 1320' FWL
20 --29S – 15W
Pratt Co., Kansas

Elevation: 2032 GL & 2037 KB

Casing / Cementing Information:

Surface Casing: 8 5/8" @ 412' cemented with 400 sx 60 / 40 POZ (2% Gel & 3% CC) *

*(Cement did circulate to the cellar)

Production Casing: 5 1/2" @ 4900' cemented with 185 sx ASC (5# Kol-seal/sx) **

** (Top of cement by Bond Log at 3270')

Formation Tops:

Stone Corral Anhydrite	924 (+1113)
Heebner Shale	3878 (-1941)
Brown Limestone	4150 (-2113)
Lansing	4164 (-2127)
Mississippian	4692 (-2655)
Viola	4890 (-2853)
RTD	4912 (-2875)

Production Perforations: 4694' to 4714' (2 SPF)

FEB 26 2008

CONSERVATION DIVISION
PLUGS

ALLIED CEMENTING CO., INC. 24265

Federal Tax I.D. _____

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

SERVICE POINT:
MEDICINE LOOSE

DATE <u>9-29-07</u>	SEC <u>20</u>	TWP <u>29S</u>	RANGE <u>15W</u>	CALLED OUT <u>9:30 AM</u>	ON LOCATION <u>10:45 AM</u>	JOB START <u>2:15 PM</u>	JOB FINISH <u>2:45 PM</u>
LEASE <u>THOMPSON</u>		WELL # <u>2-20</u>		LOCATION <u>CROFT, KS, 1/4 NORTH</u>		COUNTY <u>PRATT</u>	STATE <u>KANSAS</u>
OLD OR <u>NEW</u> (Circle one)				EAST INTO			

CONTRACTOR BECKRELL #

TYPE OF JOB SURFACE CASING

HOLE SIZE 12 1/4" T.D. 417'

CASING SIZE 8 5/8" 24# DEPTH 417'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX. 350# MINIMUM _____

MEAS. LINE _____ SHOE JOINT 40.58'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 2 1/2 FRESH WATER

EQUIPMENT _____

PUMP TRUCK CEMENTER KEVIN B.

360-265 HELPER CARL B.

BULK TRUCK _____

353-250 DRIVER COLE H.

BULK TRUCK _____

_____ DRIVER _____

OWNER VINCENT OIL COMPANY

CEMENT AMOUNT ORDERED 400CY 60:40:2 + 3% CP

COMMON <u>A</u>	<u>240</u>	@ <u>11.10</u>	<u>2664.00</u>
POZMIX	<u>160</u>	@ <u>6.20</u>	<u>992.00</u>
GEL	<u>7</u>	@ <u>16.45</u>	<u>116.55</u>
CHLORIDE	<u>1.3</u>	@ <u>46.60</u>	<u>60.58</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>420</u>	@ <u>1.90</u>	<u>798.00</u>
MILEAGE	<u>420 x 19</u>	@ <u>.09</u>	<u>718.20</u>
TOTAL			<u>5894.55</u>

REMARKS:

RUN 8 5/8" CSG. + BREAK CIRCULATION
PUMP 5 BBLs FRESH WATER
MAX 400CY 60:40:2 + 3% CP
DISPLACE AUG TO 377' / 24 1/2 BBLs
WATER
CEMENT AID CIRCULATE TO
CELLAR!

CHARGE TO: VINCENT OIL Co

STREET _____

CITY WICHITA STATE KANSAS ZIP _____

SERVICE

DEPTH OF JOB 417'

PUMP TRUCK CHARGE 815.00

EXTRA FOOTAGE 117' @ .65 76.05

MILEAGE 19 @ 6.00 114.00

MANIFOLD _____ @ _____

HEAD RENTAL @ 100.00 100.00

TOTAL 1105.05

PLUG & FLOAT EQUIPMENT

<u>1- BAFFLE PLATE</u>	@ <u>135.00</u>	<u>135.00</u>
<u>1- 8 5/8" TRP</u>	@ <u>100.00</u>	<u>100.00</u>
	@	
	@	
	@	
ANY APPLICABLE TAX		
WILL BE CHARGED UPON INVOICING		
TOTAL		<u>235.00</u>

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.

TAX _____

TOTAL CHARGE 1105.05

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Mike Kern Mike Kern
PRINTED NAME

ALLIED CEMENTING CO., INC.

31276

Federal Tax I.D.

FEB 26 2008
CONSERVATION DIVISION
WICHITA, KS

SERVICE POINT:

medicine lodge

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

DATE <u>10-8-07</u>	SEC. <u>20</u>	TWP. <u>29S</u>	RANGE <u>15W</u>	CALLED OUT <u>1:00p.m</u>	ON LOCATION <u>4:00p.m</u>	JOB START <u>9:00p.m</u>	JOB FINISH <u>10:00p.m</u>
LEASE <u>Thompson</u>		WELL # <u>220</u>		LOCATION <u>Croft, KS, 1/16 N E into</u>		COUNTY <u>Pratt</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>Pickrell #10</u>	OWNER <u>Vincent Oil Co.</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4912</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4896</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1400</u>	MINIMUM <u>—</u>
MEAS. LINE	SHOE JOINT <u>20.65</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>121 2 3/4 Kcl Ho</u>	
EQUIPMENT	
PUMP TRUCK # <u>414-302</u>	CEMENTER <u>Mark Cdez</u>
	HELPER <u>Greg G</u>
BULK TRUCK # <u>381</u>	DRIVER <u>Sc. F.</u>
BULK TRUCK #	DRIVER

CEMENT		
AMOUNT ORDERED <u>2005 v ASC + 5# Kol Seal</u>		
<u>+ 5 1/2 ft 160</u>		
325 <u>12 gal. Clapio</u>		
COMMON —	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>200</u>	@ <u>13.75</u>	<u>2750.00</u>
<u>Kol Seal 1000</u>	@ <u>.70</u>	<u>700.00</u>
	@	
<u>Clapio 12 gal.</u>	@ <u>25.00</u>	<u>3.00.00</u>
<u>FL-160 94#</u>	@ <u>10.65</u>	<u>1001.10</u>
	@	
	@	
	@	
HANDLING <u>257</u>	@ <u>1.90</u>	<u>488.30</u>
MILEAGE <u>19 x 257 x .09</u>		<u>439.47</u>
		TOTAL <u>5678.8</u>

REMARKS:

Pipe on bottom, Lorenke etc.
plug bot hole w/ 155x.
Mix 1855x ASC + 5# Kol Seal + 5 1/2 ft 160
Stop, wash pump lines, release plug.
Disp. w/ 2 3/4 Kcl Ho. seal lift. slow
rate @ 1/16 BBLs. Bump plug 500 over
@ 121 BBLs. release float did not hold

SERVICE

DEPTH OF JOB <u>4896</u>		
PUMP TRUCK CHARGE		<u>1750.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>19</u>	@ <u>6.00</u>	<u>114.00</u>
MANIFOLD <u>Head Rental</u>	@ <u>100.00</u>	<u>100.00</u>
	@	
	@	
		TOTAL <u>1964.00</u>

5 1/2" PLUG & FLOAT EQUIPMENT

<u>1-Rubber plug</u>	@ <u>65.00</u>	<u>65.00</u>
<u>1-Guide Shoe</u>	@ <u>170.00</u>	<u>170.00</u>
<u>6-Centrolzers</u>	@ <u>50.00</u>	<u>300.00</u>
<u>1-AF Insert</u>	@ <u>260.00</u>	<u>260.00</u>
	@	

ANY APPLICABLE TAX
WILL BE CHARGED TOTAL 795.00
UPON INVOICING

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

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.

SIGNATURE x Mike Kern

TOTAL CHARGE [scribble]
DISCOUNT [scribble] IF PAID IN 30 DAYS
PRINTED NAME Mike Kern

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2010

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5004
Name: Vincent Oil Corporation
Address 1: 155 N. Market, Ste 700
Address 2: _____
City: Wichita State: Kansas Zip: 67202 + 1821
Contact Person: M.L. Korpage
Phone: (316) 262-3573 Fax: (316) 262-3309
Email Address: land@vincentoil.com

Well Location:
SW SW SE NW Sec. 20 Twp. 29 S. R. 15 East West
County: Pratt
Lease Name: Thompson Well #: 2-20

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Mr. Dwight H. Thompson
Address 1: 8406 Tamarac
Address 2: _____
City: Wichita State: Kansas Zip: 67206 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

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Select one of the following:

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- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 12/26/2013 Signature of Operator or Agent: M.L. Korpage Title: Geologist

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 27, 2013

M.L. Korphage
Vincent Oil Corporation
155 N MARKET STE 700
WICHITA, KS 67202-1821

Re: Plugging Application
API 15-151-22283-00-00
THOMPSON 2-20
NW/4 Sec.20-29S-15W
Pratt County, Kansas

Dear M.L. Korphage:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after June 25, 2014. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 1

(620) 225-8888