



TEMPORARY ABANDONMENT WELL APPLICATION

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

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)

Do you have a valid Oil & Gas Lease? Yes No

Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)

Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

~~UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE~~

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

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

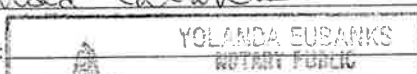
API No. 15-151-22283-0000
 County: Pratt
100' N W/2 Sec. 20 Twp. 29 S. R. 15 East West
2540 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Thompson Well #: 2-20
 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 400# 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
WAX 400# 60:40:2 + 3% CP
DISPLACE AUG TO 377' / 2 1/2 BBLs
WATER
CEMENT DID NOT 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

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-225-8888
Fax: 620-225-8885
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

December 26, 2013

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

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

Dear M.L. Korphage:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

Lack of Lease

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by January 25, 2014.

Sincerely,

Eric MacLaren