



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 must provide the name and address of the surface owner by filling out the top section of this form and 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	Ellis 1-20
Doc ID	1223567

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5241	5244	Mississippian	
5253	5262	Mississippian	
5272	5276	Mississippian	



Side Two

Operator Name: Vincent Oil Corporation Lease Name: Ellis Well #: 1-20  
 Sec. 20 Twp. 29 S. R. 22  East  West County: Ford

**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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner Shale 4368	(-1890)
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Top	Datum
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Limestone 4525	(-2047)
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing 4539	(-2061)
List All E. Logs Run:		Stark Shale 4874	(-2396)
<b>Dual Induction, Neutron-Density, Micro-log, &amp; Sonic log</b>		Pawnee 5076	(-2598)
		Cherokee Shale 5124	(-2646)
		Base Penn Limestone 5219	(-2741)
		Mississippian 5245	(-2767)

CASING RECORD <input checked="" type="checkbox"/> New <input 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 Casing	12 1/4"	8 5/8"	23#	604'	65 / 35 POZ	200 sx	6%Gel,3% CC, & 1/4# flo-seal/sx
" "					Common	100 sx	2%Gel,3% CC, & 1/4# flo-seal/sx
Production Casing	7 7/8"	4.5"	11.6#	5443'	ASC	175 sx	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 <i>(Amount and Kind of Material Used)</i>	Depth
4 SPF	Perforated 5241' to 5244' & 5253' to 5262 w/ 4 SPF; ran tubing; SDFN;	treated perms w/ 1000 Gal 15% MCA, final rate 2 bpm at 820#;	
	swabbed and flowed tested for 9 hrs final hr rate 3 bbl water w/ trace oil ,	fluid at 4850', SDFN; SICP 1000#, SITP 140#, 2641' of fluid in	
	casing, started to swab well kick off and flowed, in 2nd hr- swabbed &	flowed 3.77 bbls water w/ tr oil and fair blow of gas, fluid	
	3700' from surface CP@ 340#, ran DHP & rods, set PU and swab tank,	tested well, test rate at 34 MCFG/D w/32 BWPD & trace oil,	
	CP at 120#, SIGW waiting on gas line.		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>~5287'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <b>SIGW</b>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		<b>34 MCFG</b>	<b>32 BWPD</b>	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>Mississippian 5241' to 5262' OA</u>
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# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5227

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422

Darin's Cell 785-445-2686

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	7-14-11	Sec.	70	Twp.	29	Range	22	County	Fred	State	Ks	On Location		Finish	12:00
Lease	Elles	Well No.	1-22	Location	Krapan to 15 IE Smb										
Contractor	Vol Oels														
Type Job	Swell														
Hole Size	12 1/4	T.D.	601												
Csg.	35lb 23"	Depth	615												
Tbg. Size		Depth													
Tool		Depth													
Cement Left in Csg.		Shoe Joint	42.35												
Meas Line		Displace	36.6 gals												
<b>EQUIPMENT</b>															
Pumptrk	3	No.	Fred												
Bulktrk	7	No.	Oreok												
Bulktrk	4	No.	Beavy												
Pickup		No.	DDVS												
<b>JOB SERVICES &amp; REMARKS</b>															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
	Run 14 1/2" 23' csg														
	Mixer Pump 2225 65/35 Poz														
	60 GAL 3/4" 1/4" CF														
	13.3" GAL 1.01 H3														
	MIXER Pump 1025 Common														
	20 GAL 3/4" 1/4" CF														
	15" GAL 1.36 H1														
	Swell down Release Plug														
	Swell down Bids total														
	Close valve on Csg 200'														
	Plug down 11:33														
	Close case then JO3														
	CFR 101 10 Per														
X Signature	Fred														
	Mileage 40														
	Pumptrk Charge														
	Tax														
	Discount														
	Total Charge														

411111 1000 1000 1000 1000

# ALLIED CEMENTING CO., LLC.

040235

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Wells

DATE	7-25-2011	SEC	20	TWP	25s	RANGE	22w	CALLED OUT	6:00 AM	ON LOCATION	90300m	JOB START	10:00 AM	JOB FINISH	11:00 AM
LEASE	Ellis	WELL #	1-20	LOCATION	Kingsdown 1cs							COUNTY	Forb	STATE	Ks
OLD OR NEW	(Circle one)														

CONTRACTOR USI #1 OWNER Vincent Oil Co

TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5450'  
 CASING SIZE 4 1/2 11.6# DEPTH 5443  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 44'  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_

DISPLACEMENT 83 bbls 2% KEL water

EQUIPMENT

PUMP TRUCK CEMENTER Darin F  
 # 471-302 HELPER Ron G  
 BULK TRUCK \_\_\_\_\_  
 # 421-252 DRIVER Eddie  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Pipe on bottom & brook circulation  
Pump 8 bbls fresh water, 500 SSIS BSF, 3 bbls  
fresh water, mix size for Ret & hose hets  
mix 175sr of cement, shut down, wash  
pump & lines, Release plug, Start displacements  
4 ft pressure @ 51 bbls, slow rate @ 3 bbls  
9 @ 75 bbls, bump plus @ 83 bbls, flow  
did hold

CHARGE TO: Vincent Oil Co  
 STREET \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CEMENT

AMOUNT ORDERED 50.5x 60.40: 4% Gel  
175sr Class A ASC @ 5# Kelson @ .5% 7260

COMMON	30	@	16.25	495.
POZMIX	20	@	8.50	170.
GEL	8	@	21.25	425.0
CHLORIDE		@		
ASC	175	@	19.00	3325.
	<u>175# Halseal</u>	@	<u>.89</u>	<u>158.75</u>
	<u>82# FL-160</u>	@	<u>17.20</u>	<u>1410.40</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>278</u>	@	<u>2.25</u>	<u>625.50</u>
MILEAGE	<u>278/75/1.1</u>			<u>2293.50</u>
			TOTAL	<u>9140.65</u>

SERVICE

DEPTH OF JOB	5443
PUMP TRUCK CHARGE	2185.-
EXTRA FOOTAGE	@
MILEAGE	@ 7.00 1050.
MANIFOLD	@
	<u>Hose &amp; render</u> @ 113.00 113.00
	<u>light vehicle</u> @ 4.00 600.-
	TOTAL <u>2948.-</u>

PLUG & FLOAT EQUIPMENT

4 1/2	
1-Rubber PUS	@ 76. 76.
1-AFU Insert	@ 249. 249.
6-Centris/2rus	@ 48. 288.
	@
	@
	TOTAL <u>608.-</u>

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \$13696.65  
 DISCOUNT 20% IF PAID IN 30 DAYS  
Net \$10957.32

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

PRINTED NAME A. Erik Hagans  
 SIGNATURE [Signature]

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



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

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

September 18, 2014

Andrew Clark  
Vincent Oil Corporation  
155 N MARKET STE 700  
WICHITA, KS 67202-1821

Re: Plugging Application  
API 15-057-20735-00-00  
Ellis 1-20  
NE/4 Sec.20-29S-22W  
Ford County, Kansas

Dear Andrew Clark:

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 March 17, 2015. 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