



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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: Yes 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

V.O.C. HARVEY #3
 RECORD of Press.
 TEST ON: 4/2/2014
 10583

DAN'S PACKER SERVICE

Box 341

930 W. Wichita Ave. -- Russell, Kansas 67665

Shop: 785-483-7332

Mobile: 785-483-1599

Home: 785-483-5449

Vincent Oil Corp.

DATE 4/18/14

INVOICE NUMBER _____

ORDER NUMBER _____

LEASE Harvey

WELL NUMBER 3

	WORK PERFORMED	RATE	AMOUNT
4/2/14	5 1/2 AR Pkr Service man: tally tubing & set pkr @ 2800. Load tubing (cibp @ 3000) & pressure up to 300 lbs (held) Pressure up backside (held) Pull pkr. Mileage: 178 miles per day		\$1035 ⁰⁰ \$450 ⁰⁰
		\$1.00	\$178 ⁰⁰
			\$1,663 ⁰⁰
		tax	135 ⁵³
			<u>\$1,798⁵³</u>

Thank you
[Signature]

ANY INVOICE NOT PAID WITHIN 30 DAYS OF INVOICE DATE WILL BE CHARGED INTEREST OF 1.5% PER MONTH (18% PER YEAR) FROM THE INVOICE DATE.

11/2



Please Remit To :
Nabors Completion & Production Services Co.
PO BOX 975682
DALLAS TX 75397-5682

NABORS COMPLETION & PRODUCTION SERVICES CO. INVOICE

Page : 1
Invoice No : N639-02352
Invoice Date : 12/13/2013
Customer Number : 925748
Payment Terms : Net30
AMOUNT DUE : \$1,845.00

CONTACT NAME : SEE SIGNATURE ON TICKET
LEASE : HARVEY
WELL : #3

B0821

Customer :
VINCENT OIL CORP
155 N MARKET
SUITE 700
WICHITA KS 67202-4279

TERMS: Invoice payable Net 30 days from invoice date. Past due invoices subject to finance charges at maximum rate from due date.

For billing questions, please call 724-465-8904
Ticket Date 12/06/2013 Ticket # S0085000918766

Description	Tax	Equipment #	Quantity	UOM	Unit Amount	Net Amount
Service Charge CH - per job	N	S0085	1.00	EA	1,500.00	1,500.00
DISCOUNT	N	S0085	1.00	EA	(1,205.00)	(1,205.00)
SET 5 1/2 PLUG @3300	N	S0085	1.00	EA	1,550.00	1,550.00
Ticket Total:					1,845.00	1,845.00
SUBTOTAL:					1,845.00	1,845.00
TOTAL AMOUNT DUE:					1,845.00	1,845.00

V.O.C.
HARVEY #3
Record of
Running CIBP
in Well.

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-625-0550
Fax: 785-625-0564
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

October 08, 2014

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

Re: Temporary Abandonment
API 15-065-22146-00-00
HARVEY 3
NE/4 Sec.07-06S-21W
Graham County, Kansas

Dear M.L. Korphage:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 10/08/2015.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 10/08/2015.

You may contact me at the number above if you have questions.

Very truly yours,

RICHARD WILLIAMS"