



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

I

Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	HIEBSCH 1
Doc ID	1238069

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4978	4987	Mississippian	
4958	4970	Mississippian	
4844	4856	Pawnee	

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 5004
Name Vincent Oil Corporation
Address 125 N. Market
Suite #1110
City/State/Zip Wichita, Kansas 67202

Purchaser.....

Operator Contact Person Ruth Benjamin
Phone 316-262-3573

Contractor: License # 6033
Name Murfin Drilling Company

Wellsite Geologist Charles Schmaltz
Phone 316-262-2707

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
12-27-84 1-11-85 1-11-85
Spud Date Date Reached TD Completion Date
5080'
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 518 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt

API NO. 15-097-21,095

County Kiowa
200' N East
C... SE... NW. Sec. 27. Twp 29S. Rge. 18... West

3500 Ft North from Southeast Corner of Section
3300 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

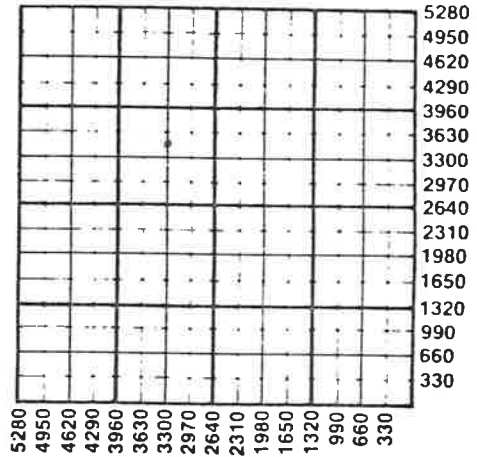
Lease Name Hiebsch Well # 1

Field Name Nichols

Producing Formation Mississippian

Elevation: Ground 2220' KB 2229'

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West
Hauled from

Other (explain) City of Greensburg (J & M)
(purchased from city, R.W.D. #)

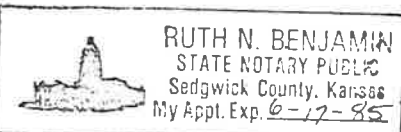
INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply.
Information on side two of this form will be held 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 drillers time log shall be attached with this form. 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 A. Hiebsch
Title Vice President Date 2-25-85

Subscribed and sworn to before me this 25th day of February 1985.
Notary Public Ruth N. Benjamin
Date Commission Expires June 17, 1985

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Sec... Twp... Rge...

SIDE TWO

Operator Name Vincent Oil Corporation Lease Name Hiebsch Well # 1

Sec. 27 Twp. 29S Rge. 18 East West County Kiowa

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample
Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	
DST #1: 3545'-3592'; 45-45-45-45; 1st open - strong blow, gas to surface in 21"; Gauged: 27 MCF/30" 1/4" choke 27 MCF/35" " 27 MCF/40" " 27 MCF/45" " 2nd open gauged: 34 MCF/5" 1/4" choke 54.7 MCF/10" " 50.2 MCF/15" " 45.5 MCF/20" " 40.9 MCF/25" " 40.9 MCF/30" " 39.2 MCF/35" " 39.2 MCF/40" " 39.2 MCF/45" " Recovered: 30' gas cut mud (continued)	Name Stotler 3483 (-1254) Emporia 3559 (-1330) Heebner 4147 (-1918) Toronto 4164 (-1935) Brown Lime 4322 (-2093) Lansing 4332 (-2103) Base Kansas City 4742 (-2513) Marmaton 4753 (-2524) Cherokee Shale 4878 (-2649) Basal Cherokee Lime 4907 (-2678) Mississippian 4932 (-2703) LTD 5080

CASING RECORD <input 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		8 5/8"		518'		200	65/35 Pozmix, 2% gel, 3% CC
Production		5 1/2"		5066'		125 100	Class A, 3% CC Self Stress

PERFORATION RECORD			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
Shots Per Foot	Specify Footage of Each Interval Perforated				
6	4978' - 4987'		250 gls. 15% MCA		
			500 gls. 10% CHA		
			2000 gls. 15% CHA		
			500 gls. 15% CHA		

TUBING RECORD	Size	Set At	Packer at	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	5002'	NA		

Date of First Production	Producing Method
2-18-85	<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	Gas	Water	Gas-Oil Ratio	Gravity
20 Bbls	20 MCF	10 Bbls	CFPB	35	

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify) 4978-87
 Used on Lease Dually Completed
 Conmingled

PAGE 2 (Side One)

OPERATOR Vincent Oil Corp. LEASE NAME Hiebsch

SEC-27 TWP 29S RGE 18 (W)

WELL NO. 1

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing & Shut-in pressures, and recoveries.

Show Geological markers, logs run, or Other Descriptive information.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
DST #1 (continued) 285' gassy muddy water (cl. 110,000) IFP 78 - 117# ISIP 1176# FFP 157 - 196# FSIP 1163#				
DST #2: 4372'-4385'; 30-45-45-60; Recovered: 60' mud 65' slightly muddy saltwater (cl. 100,000) IFP 51 - 51# ISIP 1431# FFP 76 - 89# FSIP 1431# BHT - 118 degrees		1st open - weak blow 2nd open - fair 6" blow throughout		increasing to 6" blow
DST #3: 4572'-4673'; 30-45-30-45; Recovered: 195' muddy water cl. - 106,000, mud cl. 15,000 IFP 76 - 102# ISIP 1584# FFP 153 - 204# FSIP 1584# BHT - 121 degrees		1st open - weak blow 2nd open - strong blow throughout		increasing to strong
DST #4: 4800'-4927'; 30-30-10-30; MISRUN. Recovered: 15' mud				
DST #5: 4903'-4970'; 45-60-60-75; 2nd open gauged: 4.45 MCF/20 min. 1/4" choke 4.45 MCF/25 min. " 4.12 MCF/30 min. " 3.71 MCF/35 min. " 3.71 MCF/40 min. " 3.37 MCF/45 min. - stabilized Recovered: 235' gas cut mud IFP 153 - 166# ISIP 319# FFP 115 - 140# FSIP 306# BHT - 125 degrees		1st open - strong blow 2nd open - strong blow, gas to surface in 15"		
DST #6: 4969'-4995'; 45-60-60-75; Recovered: 510' total fluid 475' slightly gas & mud cut oil (10% gas, 10% mud, 75% oil, 5% water) 35' slightly mud cut water with scum oil (5% mud, 95% water) Cl. 47,000 - Gravity 38 degrees IFP 51 - 89# ISIP 319# FFP 115 - 204# FSIP 319# BHT - 126 degrees		1st open - strong blow 2nd open - strong blow, gas to surface in 15" (Est. 1 MCF throughout)		

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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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 St.
Address 2: STE 700
City: Wichita State: KS Zip: 67202 + _____
Contact Person: M.L. Korphage, P.G.
Phone: (316) 262-3573 Fax: (316) 262-3309
Email Address: mlk@vincentoil.com

Well Location:
S2_N2_SE_NW Sec. 27 Twp. 29 S. R. 18 East West
County: Kiowa
Lease Name: Hiebsch Well #: 1

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

Surface Owner Information:

Name: Richard Jordan
Address 1: 1735 Amarado Court
Address 2: _____
City: Wichita State: KS Zip: 67212 + _____

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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: 2/11/2015 Signature of Operator or Agent: M.L. Korphage Title: Geologist

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

February 11, 2015

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

Re: Plugging Application
API 15-097-21095-00-00
HIEBSCH 1
NW/4 Sec.27-29S-18W
Kiowa County, Kansas

Dear M. L. Korphage:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 225-8888. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after August 11, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The August 11, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1