



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	PETERS 1
Doc ID	1267473

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4780	4782	Marmaton	
4794	4796	Altamont	
4823	4826	Pawnee	
4919	4928	Mississippian	

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 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:  
E2 NE Sec. 17 Twp. 29 S. R. 18  East  West  
County: Kiowa  
Lease Name: Peters 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: Elnora Peters  
Address 1: 501 Lance  
Address 2: \_\_\_\_\_  
City: Newton State: KS Zip: 67114 + \_\_\_\_\_

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

Date: 10/19/2015 Signature of Operator or Agent: M. L. Korphage Title: Geologist

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  
Wichita, KS 67202  
City/State/Zip

Purchaser

Operator Contact Person Donna Manda  
Phone 316-267-3573

Contractor: License # 6033  
Name Murfin Drilling Company

Wellsite Geologist John P. Hastings  
Phone 316-262-3573

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

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

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
9-17-86 9-28-86  
Spud Date Date Reached TD Completion Date  
5030'  
Total Depth PBTD 8-5/8" @ 319'  
Amount of Surface Pipe Set and Cemented at...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  
Cement Company Name  
Invoice #

API NO. 15-097-21,220  
County Kiowa  
C E/2 NE Sec 17 Twp 29S Rge 18 East West

3960 Ft North from Southeast Corner of Section  
660 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

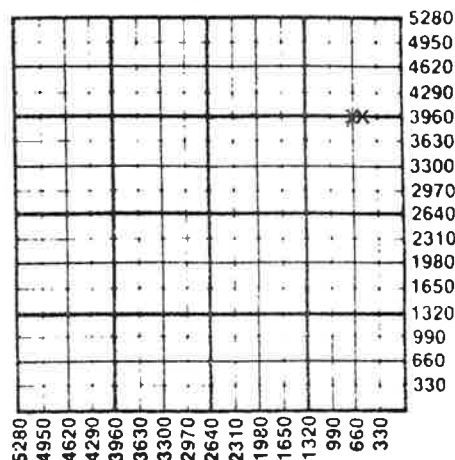
Lease Name Peters Well # 1

Field Name Nichols North

Producing Formation Mississippian

Elevation: Ground 2229 KB 2238

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: Hauled.  
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  
Other (explain) (purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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. Hebsch  
Title Vice President Date 10-17-86

Subscribed and sworn to before me this 17th day of October 1986  
Notary Public June K. Burnett  
Date Commission Expires 3-30-89

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

Operator Name Vincent Oil Corporation Lease Name Peters Well # 1

Sec 17 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  Yes  No  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No

DST #1 - 3481'-3580' (30-45-15-30)  
 1st open: wk blo bldg to strong  
 2nd open: strong blo throughout  
 Rec: 50' mud, 120' wtry mud  
 IFP 41-63 ISIP 1132  
 FFP 93-93 FSIP 1091

DST #2 - 4304'-4330' (30-45-30-45)  
 1st open: strong blo throughout  
 2nd open: " " "  
 Rec: 655' gas in pipe, 125' gas cut mud w/  
 show of oil on top of tool  
 IFP 41-52 ISIP 1350  
 FFP 62-72 FSIP 1215

DST #3 - 4774'-4833' (45-60-45-60)  
 1st open: strg blo, gas to surface in 15"  
 26.6 MCFG/20" - 47.2 MCFG/45"  
 2nd open: gas to surface immediate  
 78.1 MCFG/5" - stab. 47.7 MCFG  
 Rec: 70' mud  
 IFP 62-52 ISIP 1475  
 FFP 52-31 FSIP 1495

Name	Formation Description	
	Top	Bottom
Cottonwood	3046	(- 808)
Stotler	3476	(-1238)
Emporia	3560	(-1322)
Heebner Shale	4118	(-1880)
Brown Lime	4293	(-2055)
Lansing	4300	(-2062)
Stark Shale	4616	(-2378)
Base K.C.	4718	(-2480)
Marmaton	4780	(-2542)
Pawnee	4810	(-2572)
Cherokee Shale	4852	(-2614)
Bs. Cherokee Lst.	4878	(-2640)
Mississippian	4918	(-2680)
LTD	4988	

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	12 1/2"	8-5/8"		319'	Lite	100	3% CC
Production		4-1 1/2"	10.5	502'	Class A Surti	75	3% CC

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
Shots Per Foot	Specify Footage of Each Interval Perforated		Depth
4	4919-28	500 gals. 15% MCA w/. double strength. FE. & NE.	4919-28

TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Size	Set At	Packer at	
2-3/8"	4934.88		

Date of First Production	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....			
Waiting on pipeline				
Estimated Production Per 24 Hours	Oil Bbls	Gas MCF	Water Bbls	Gas-Oil Ratio CFPB
		1900 MCFD		

METHOD OF COMPLETION

Production Interval

Disposition of gas:  Vented  Sold  Used on Lease  
 Open Hole  Perforation  Other (Specify) .....  
 Dually Completed  Commingled

4919-28



#1 Peters

DST #4 - 4838'-4932' (30-45-45-60)

1st open: strg blo, gas to surface in 2"

3.5 MMCFG/5' - 6.16 MMCFG/30'

2nd open: gas to surface immediate

5.69 MMCFG/5' - 6.64 MMCFG/stab.

Rec: 30' wtr

IFP 1101-1091 ISIP 1257

FFP 1101-1101 FSIP 1257

DST #5 - 4905'-4953' (30-45-30-45)

1st open-strg blo, gas to surface in 2"

5.21 MMCFG/10" - 5.69 MMCFG/25"

2nd open: gas to surface immediate

6.16 MMCFG/10" & stab.

Rec: 30' muddy gassy wtr

IFP 1008-1008 ISIP 1257

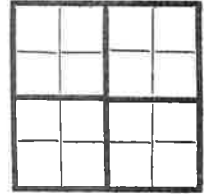
FFP 1070-1080 FSIP 1257

# WELL LOG

**COMPANY** Vincent Oil Corporation  
 1110 KSB&T Bldg.  
 Wichita, KS 67202  
**FARM** PETERS NO. 1  
**RIG. NO.** 21  
**TOTAL DEPTH** 5030'  
**COMM.** 9-17-86 **COMP.** 9-29-86  
**CONTRACTOR** Murfin Drilling Company  
 250 N. Water, Suite 300  
 Wichita, KS 67202

SEC. 17 T. 29S R. 18W  
 LOC. C E/2 NE

COUNTY Kiowa  
KANSAS

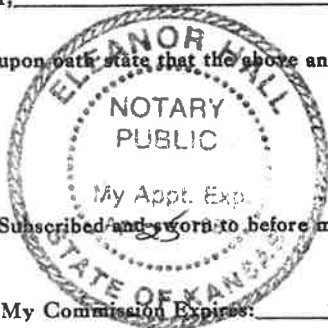


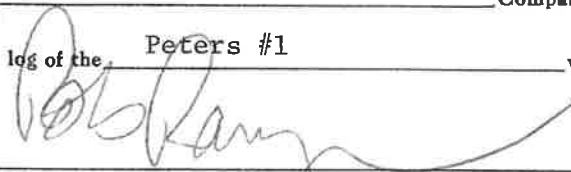
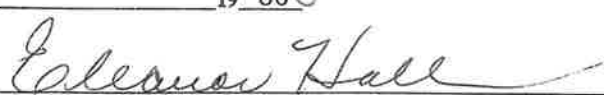
**CASING**  
 20 10  
 15 8 -5/8" csg set @ 319' w/100 sx Lite, 3% cc + ELEVATION  
 12 6 75 sx Class A, 3% cc.  
 13 5  
 4-1/2" csg set @ 5026' w/125 sx Surefill. PRODUCTION  
FIGURES INDICATE BOTTOM OF FORMATIONS

Sand & Shale	115'
Shale	320'
Sand & Shale	690'
Shale	1393'
Anhydrite	1409'
Shale	3215'
Lime & Shale (RTD)	5030'

State of Kansas  
 County of Sedgwick } ss:

I, Rob Ramseyer of the Murfin Drilling Company  
 upon oath state that the above and foregoing is a true and correct copy of the log of the Peters #1 well.



  
Rob Ramseyer, Agent for Operator  
 19 86  
  
Eleanor Hall NOTARY PUBLIC

My Commission Expires: 4-25-87  
 Subscribed and sworn to before me this 7th day of October 19 86



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: 125 N. Market, Suite 1075  
 City/State/Zip: Wichita, Kansas 67202  
 Purchaser: Kansas Gas Supply  
 Operator Contact Person: Richard A. Hiebsch  
 Phone: (316) 262-3573  
 Contractor: Name: \_\_\_\_\_  
 License: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 Designate Type of Completion:  
 \_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry  Workover  
 \_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_ Temp. Abd.  
 Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
 \_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)  
 If Workover/Re-entry: Old Well Info as follows:  
 Operator: Vincent Oil Corporation  
 Well Name: Peters #1  
 Original Comp. Date: 10-16-86 Original Total Depth: 5030  
 \_\_\_\_\_ 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. \_\_\_\_\_  
 \_\_\_\_\_ Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
 \_\_\_\_\_ Recompletion Date \_\_\_\_\_ Recompletion Date 2-25-2000

API No. 15 - 097-21,220  
 County: Kiowa  
 S/2 NE \_\_\_\_\_ Sec. 17 Twp. 29 S. R. 18  East  West  
1320 feet from S /  (N) (circle one) Line of Section  
660 feet from  (E) / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one)  NE SE NW SW  
 Lease Name: Peters Well #: 1  
 Field Name: Nichols North  
 Producing Formation: Altamont, Pawnee, Mississippian  
 Elevation: Ground: 2229 Kelly Bushing: 2238  
 Total Depth: 5030 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 319 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 \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
 Dewatering method used \_\_\_\_\_  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**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. Diebel  
 Title: President Date: 6-21-00  
 Subscribed and sworn to before me this 21st day of June, 2000  
 Notary Public: \_\_\_\_\_  
 Date Commission Expires: \_\_\_\_\_

**KCC Office Use ONLY**  
 \_\_\_\_\_ Letter of Confidentiality Attached  
 if Denied, Yes  Date: \_\_\_\_\_  
 \_\_\_\_\_ Wireline Log Received  
 \_\_\_\_\_ Geologist Report Received  
 \_\_\_\_\_ UIC Distribution

Side Two

Operator Name: Vincent Oil Corporation Lease Name: Peters Well #: 1  
 Sec. 17 Twp. 29 S. R. 18  East  West County: Kiowa

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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	# Sacs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"		319'	Lite/Class A	175	3% cc
Production	7 7/8"	4 1/2"	10.5	5027'	Surfill	115	3% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
4	4919 - 4982 Mississippian	500 gals 15% MCA in each set of perfs	
4	4780 - 4782 Altamont	1000 gals 20% XTA acid in each set of perfs	
4	4794 - 4796 Altamont	4780 - 82 & 4823 - 4826	
4	4823 - 4826 Pawnee		

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>4953 ft.</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>Resumed 2-25-00</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>0</u> Bbls.	Gas <u>150</u> Mcf	Water <u>40</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <small>(If vented, Sumit ACO-18.)</small>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <u>per perforation record</u>	Production Interval <input type="checkbox"/> Other (Specify) _____
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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

October 20, 2015

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

Re: Plugging Application  
API 15-097-21220-00-00  
PETERS 1  
NE/4 Sec.17-29S-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 April 20, 2016. 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 April 20, 2016 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