



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1277232
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 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 #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CHARGE TO: VINCENT OIL CORP

ADDRESS

CITY, STATE, ZIP CODE

TICKET 29078

PAGE 1 OF 1

WELL/PROJECT NO. LEASE COUNTY/Parish STATE CITY DATE OWNER
 1. NESS CITY, K. EDMONSTON #1 KIOWA KS GREENSBURG, AS, SNOWIS
 2. TICKET TYPE CONTRACTOR RIG NAME/NO. SHIPPED DELIVERED TO ORDER NO.
 SERVICE HD BILFIELD SERV. VIA
 SALES
 3. WELL TYPE OIL WELL CATEGORY JOB PURPOSE WELL LOCATION
 ABANDON PTA PTA
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT	
		LOC	ACCT								DF
575				MILEAGE # 115	70	ml			5.00	350.00	
576P				Pump Charge					800.00	800.00	
288 275				HULLS	1	sk			30.00	30.00	
290				D-RAIR	2	gal			42.00	84.00	
328-4				60/40 Pozmix 40% GEL	130	sk			10.25	1332.50	
581				CEMENT SERVICE CHARGE	130	sk			1.50	195.00	
583				DRAYAGE	10891	lbs	381.15	TM	75	285.86	
REMIT PAYMENT TO:										PAGE TOTAL	3077
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.										OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?	
SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300										TAX 7.5% TOTAL 3308.16	

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED SNOWIS 1/5/15 1:51 P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL [Signature]
 Thank You!

JOB LOG

SWIFT Services, Inc.

Nov. 5, 2015

DATE 5 Nov 15 PAGE NO.

CUSTOMER VINCENT OIL CORP WELL NO. LEASE Edmanston #1 JOB TYPE PFA TICKET NO. 29078

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON LOCATION
								Pull CASING TO 1180'
	1220	3 1/2	45		✓			MIX 15 SX GEL
	1247	4	13		✓			MIX 50 SX CMT
								Pull CASING TO 620
	1333				✓			MIX 50 SX
								Pull CASING TO 40'
	1422		5		✓			MIX 20 SX
								Pull CASING OUT
	1430		2 1/2		✓			TOP WELL OFF W/10 SX
	1440							WASH TRUCK
								WELL ON SLOW VAC
								130 SX 60/40 Pozmix 4% GEL USED
								JOB COMPLETE
								THANKS #115
								JASON COLE TYLER