



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

KANSAS CORPORATION COMMISSION 1277432
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

Form	CP4 - Well Plugging Record
Operator	Vincent Oil Corporation
Well Name	PETERS 1
Doc ID	1277432

Producing Formations

Formation	Top	Bottom	Total Depth
Marmaton	4780	4788	
Altamont	4790	4802	
Pawnee	4810	4835	
Mississippian	4918	5030	5030



TICKET 28867
NOV. 3, 2015

PAGE 1 OF 1

CHARGE TO: Vincent O-1
ADDRESS
CITY, STATE, ZIP CODE

WELL PROJECT NO. #1 LEASE Peters COUNTY/PARISH Kiowa STATE KS DATE 3 Nov 15 OWNER
 SERVICE LOCATIONS 1. Nwaby kb CONTRACTOR SHIPPED TO Greensberg DELIVERED TO location ORDER NO.
 2. TICKET TYPE SERVICE SALES WELLS TYPE 0-1 JOB PURPOSE P-14 to Abandon WELL PERMIT NO. WELL LOCATION 17-29-18
 3. WELL CATEGORY PTA 4-D RIG NAME/NO. P-14 to Abandon
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			70	mi			5.00	350.00
576P		1		TRX 114	/	ea			800.00	800.00
328-4		1		Pump Charge	130	sk			10.25	1332.50
27A		1		60/40 poz mix (40% gel)	15	sk			25.00	375.00
581		1		Bentonite gel	130	sk			1.50	195.00
583		1		Service charge	1238	lb	433	34		325.01
				Drayage						

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

SURVEY
 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?
 YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 3377.51
 TAX 7.5% 253.31
 TOTAL 3630.82

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 TIME SIGNED 1620 P.M.
 SWIFT OPERATOR APPROVAL

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

JOB LOG

SWIFT Services, Inc.

NOV 3, 2015

DATE 3 NOV 15 PAGE NO.

CUSTOMER Vincent D. I. WELL NO. #1 LEASE Peters JOB TYPE Plug to Abandon TICKET NO. 28867

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								130 sk foamix (4% gel) 15 sk Bentonite gel 4 1/2' casing pulling casing
	1030							on loc TRX 114
	1200							shoot then pull 4 1/2' casing 1897'
	1400	3 1/4						1440' mix gel 155k
		3 1/4	6				200	catch person
			45					switch to cement mix 60/40 pozz (4%) @ 13.1 ppg 50sk
		3 1/2	13				Ø	switch to fluid fresh water
		3 1/2	16					Kickout
	1430							pull to 360'
	1620	3 1/4	13				Ø	mix 60/40 pozz (4% gel) @ 13.1 ppg 50sk - circ filled to pit -
								pull to 40'
	1700							mix 60/40 pozz (4%) @ 13.1 30sk - circ cement to surface -
								cement standing at surface
	1710							wash truck
								Back up
								job complete

(130sk mixed total)