

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

Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	WEBB 1-29
Doc ID	1349166

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3679	3681	LKC	

Vincent Oil Corporation
Webb 1-29, Webb 2-29, Webb 3-29 Webb 1-30

Webb Leases

NW/ 29-7-22W

E/2-NE & NW-NE 30-7-22W

Graham Co, Kansas

Additional Surface Owner:

Mary Pryor

12009 W. 100th Terrace

Lenexa, Kansas 66215-1954

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: 155 N. Market, Suite 700
City/State/Zip: Wichita, Kansas 67202
Purchaser: SemCrude LP
Operator Contact Person: Rick Hiebsch
Phone: (316) 262-3573
Contractor: Name: WW Drilling LLC
License: 33575
Wellsite Geologist: Jim Hall

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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. _____

<u>10-19-07</u>	<u>10-26-07</u>	<u>12-01-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

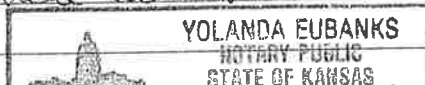
API No. 15 - 065-23364-0000
County: Graham
SW NE NW SE Sec. 29 Twp. 7 S. R. 22 East West
1010 feet from S N (circle one) Line of Section
1600 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Webb Well #: 1-29
Field Name: Quarry Hill extension
Producing Formation: L.K.C.
Elevation: Ground: 2284 Kelly Bushing: 2289
Total Depth: 3905 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 207 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1923 Feet
If Alternate II completion, cement circulated from 1923
feet depth to surface w/ 320 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 30,000 ppm Fluid volume 975 bbls
Dewatering method used evaporation
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. Hiebsch
Title: President Date: February 25, 2008
Subscribed and sworn to before me this 25th day of February, 2008.
Notary Public: Yolanda Eubanks
Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Side Two

Operator Name: Vincent Oil Corporation Lease Name: Webb Well #: 1-29
 Sec. 29 Twp. 7 S. R. 22 East West County: Graham

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Density/Neutron, Micro, Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See attached sheets
--	--

CASING RECORD <input checked="" 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 1/4 in.	8 5/8	23	207 ft.	common	160	2% gel, 3% cc
Production	7 7/8 in.	4 1/2	10.5	3893 ft.	ASC	165	2% gel, 10% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	
			Depth
4	3679 to 3681 ft.	500 gals. 15% MCA	perfs

TUBING RECORD		Size 2 3/8 in.	Set At 3725 ft.	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 1-08-08			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bbls. 5	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio	Gravity 36

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other *(Specify)*

Vincent Oil Corporation
Webb #1-29
1010' FNL & 1600' FWL
(~SW-NE-NW)
Sec. 29-7S-22W
API No. 15-065-23364-00-00
Graham County, KS

Log Tops:

Anhydrite	1903 (-386)
Base Anhydrite	1934 (+355)
Heebner	3482 (-1193)
Toronto	3506 (-1217)
L.K.C.	3523 (-1234)
B.K.C.	3718 (-1429)
Arbuckle	3851 (-1562)
RTD	3905 (-1616)
LTD	3906 (-1617)

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

26066

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>10-19-07</u>	SEC. <u>29</u>	TWP. <u>7S</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION <u>3:00 P.M.</u>	JOB START <u>6:00 P.M.</u>	JOB FINISH <u>6:15 P.M.</u>
LEASE <u>Webb</u>	WELL # <u>1-29</u>	LOCATION <u>Hill City 4N to Urd</u>		COUNTY <u>Graham</u>	STATE <u>Ks.</u>		
OLD OR <u>NEW</u> (Circle one)				<u>2 1/4 E SINTO</u>			

CONTRACTOR W-W #6

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 208'

CASING SIZE 8 5/8" DEPTH 208'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 10'

PERFS.

DISPLACEMENT 12 1/4 Bbl

OWNER VINCENT OIL Corp

CEMENT

AMOUNT ORDERED 1100 Com 3-2

EQUIPMENT

PUMP TRUCK CEMENTER Paul

366 HELPER B:11

BULK TRUCK

394 DRIVER Darrin (cowley)

BULK TRUCK

DRIVER

COMMON	<u>1100</u>	@	<u>110</u>	<u>1776.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5</u>	@	<u>46.65</u>	<u>233.25</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>168</u>	@	<u>1.90</u>	<u>319.20</u>
MILEAGE	<u>98 1/2</u>	@	<u>9.20</u>	<u>902.00</u>
TOTAL				<u>3360.00</u>

REMARKS:

Cement circulated!

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>215.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>65</u>	@	<u>6.00</u>	<u>390.00</u>
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1205.00</u>

CHARGE TO: Vincent O.I.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

		@		
<u>8 5/8 Plug</u>		@		<u>60.00</u>
		@		
		@		
		@		
TOTAL				<u>60.00</u>

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAY:

SIGNATURE [Signature]

Sid Deutscher
PRINTED NAME

ALLIED CEMENTING CO., INC.

24775

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>10-27-07</u>	SEC. <u>29</u>	TWP. <u>7</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>12-20-07</u>
LEASE <u>Well</u>	WELL# <u>1-29</u>	LOCATION <u>Hill City 3 N 2 1/2 E</u>	COUNTY <u>Graham</u>	STATE <u>Ks.</u>			
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)		<u>Sinta</u>					

CONTRACTOR Ww Drilling Rig #6
 TYPE OF JOB Production string
 HOLE SIZE 7 7/8 T.D. 3906
 CASING SIZE 4 1/2 10 1/2 # DEPTH 3898
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 1930'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15.18'
 CEMENT LEFT IN CSG. 15.18'
 PERFS.
 DISPLACEMENT 61.73
 EQUIPMENT

OWNER VINCENT Oil Corp
 CEMENT
 AMOUNT ORDERED 165 ASC 10% Salt 2% Gel
10 Gal KCL
500 Gal WFR-2
 COMMON @
 POZMIX @
 GEL 3 @ 16.65 49.95
 CHLORIDE @
 ASC 165 @ 13.25 2268.75
KCL 10 Gal @ 25.00 250.00
WFR-2 500 gal @ 1.00 500.00
 HANDLING 168 @ 1.90 319.20
 MILEAGE 54/mi/0.9 1134.00
 TOTAL 4521.90

PUMP TRUCK CEMENTER Steve
 # 366 HELPER John Roberts
 BULK TRUCK
 # 378 DRIVER Rocky
 BULK TRUCK
 # DRIVER

REMARKS:
Rat Hole 15 sks
Invert @ 3882.82
Landed Plug @ 1500 psi!
Float Held!

CHARGE TO: Vincent Oil Corporation
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE 1610.00
 EXTRA FOOTAGE @
 MILEAGE 75 @ 6.00 450.00
 MANIFOLD @
 TOTAL 2060.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT
 4 1/2 { Guide Shoe @ 150.00
 6 - Centralizers @ 45.00 270.00
 1 - Basket @ 150.00
 Blue Port Collar @ 1600.00
 Rubber Plug @ 55.00
 TOTAL 2225.00

Signature Thanks
Pet Livingston
 SIGNATURE _____

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS
Pet Livingston
 PRINTER NAME _____

ALLIED CEMENTING CO., INC.

29668

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>11-29-07</u>	SEC. <u>29</u>	TWP. <u>7s</u>	RANGE <u>22w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:00 pm</u>
LEASE <u>Web</u>	WELL# <u>1-29</u>	LOCATION <u>Hill City stoplight 4 N 24E</u>	COUNTY <u>Graham</u>	STATE <u>KS</u>			
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)			<u>S into</u>				

CONTRACTOR H-D Oilfield Service
 TYPE OF JOB Circulate Cement
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 DEPTH _____
 TUBING SIZE 2 3/8 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL PC DEPTH 1946'
 PRES. MAX 1000 psi MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT T. 6.54
 EQUIPMENT _____

PUMP TRUCK CEMENTER Shane
 # 409 HELPER John Roberts
 BULK TRUCK _____
 # 362 DRIVER Matt
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER VINCENT Oil Corp.
 CEMENT Used 320 SKS
 AMOUNT ORDERED 450 @ 40 6.86 Gal 1/4" Flo

COMMON	<u>192</u>	@	<u>140</u>	<u>2731.20</u>
POZMIX	<u>128</u>	@	<u>6.20</u>	<u>793.60</u>
GEL	<u>16</u>	@	<u>16.65</u>	<u>266.40</u>
CHLORIDE		@		
ASC		@		
<u>Flo Seal</u>	<u>80#</u>	@	<u>2.00</u>	<u>160.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>473</u>	@	<u>1.90</u>	<u>898.70</u>
MILEAGE	<u>94.54</u>	MILE		<u>2979.00</u>
				TOTAL <u>7729.00</u>

REMARKS:

Test tool to 1000 psi opened port collar got circulation mixed 320 SKS to circulate cement. Displaced 6.5 bbls closed port collars tested to 1000 psi. Ran 10 jts washed clean. Came out of hole

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE			<u>955.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>70</u>	@	<u>6.00</u> <u>420.00</u>	
MANIFOLD		@		
		@		
		@		
				TOTAL <u>1375.00</u>

CHARGE TO: Vincent Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
			TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS _____

SIGNATURE Pat Livingston

Pat Livingston
 PRINTED NAME

March 22, 2017

M.L. Korphage
Vincent Oil Corporation
200 W DOUGLAS AVE #725
WICHITA, KS 67202-3013

Re: Plugging Application
API 15-065-23364-00-00
WEBB 1-29
NW/4 Sec.29-07S-22W
Graham 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 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 625-0550. Failure to notify DISTRICT 4, 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 September 22, 2017. 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 September 22, 2017 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 4