

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 2-29
Doc ID	1349285

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3524	3527	LKC	
3670	3676	LKC	
3684	3686	LKC	
3700	3705	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
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5004
Name: Vincent oil Corporation
Address: 155 N. Market 30' S & 130' E of
City/State/Zip: Wichita, Kansas 67202
Purchaser: SemCrude
Operator Contact Person: M.L. Korphage
Phone: (316) 262-3573
Contractor: Name: W W 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>2-29-2008</u>	<u>3-05-2008</u>	<u>3/26/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-065-23411-0000
County: Graham
Sec. 29 Twp. 7 S. R. 22 East West
1680 feet from S / (N) (circle one) Line of Section
2440 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 #: 2-29

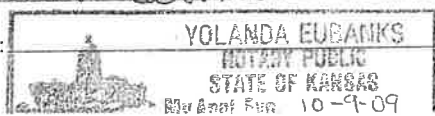
Field Name: Quarry Hill
Producing Formation: Lansing-Kansas City
Elevation: Ground: 2275 Kelly Bushing: 2280
Total Depth: 3850 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 221 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1682' Feet
If Alternate II completion, cement circulated from 1682'
feet depth to Surface w/ 200 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 31,000 ppm Fluid volume 900 bbls
Dewatering method used Allow to dry & backfill
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: M.L. Korphage
Title: Geologist Date: 5/1/2008
Subscribed and sworn to before me this 1st day of May
20 08
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

Operator Name: Vincent oil Corporation Lease Name: Webb Well #: 2-29
 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, Neutron-Density, Sonic, Micro-log, and Cement Bond log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attached
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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"	8 5/8"	23#	221'	Common	165	(2% Gel & 3% CC)
Production	7 7/8"	4 1/2"	10.5#	3845'	ASC	165	(10% sll, 2% Gel & 500 gal wfr2)

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1682'	60/40 Poz	250 sx	(6% Gel with 1/4# Flo-seal / sx)

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	Perf 3700-3705 (K Zone)	Isolated and treated w/ 500 gal MCA (15%), swbd	3700-3705
4	Perf 3670-3676 (I Zone)	Isolated and treated w/ 750 gal MCA (15%),swbd	3670-3676
		Isolated and re-treated K zone with 750 gal MCA (15%),	
		Swabbed perms 3670-3705 OA (I&K Zone) at rate	
		of 10 bbl/hr, 90% Oil, POP	

TUBING RECORD	Size 2 3/8"	Set At 3826	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 4/23/2008	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 Bbls. 40	Gas Mcf	Water Bbls. None	Gas-Oil Ratio	Gravity 36 Deg.
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Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION Production Interval **3670-3705 OA**

KCC Form ACO-1: Page 2 Attachment

Vincent Oil Corporation
Webb #2-29
1680' FNL & 2440' FWL
29-7S-22W
Graham Co., Kansas
API No. 15-065-23411-0000

Formation Log Tops:

Anhydrite	1907 (+373)
Base Anhydrite	1936 (+344)
Topeka	3276 (-996)
Heebner Shale	3477 (-1997)
Toronto	3510 (-1220)
Lansing-K.C.	3523 (-1243)
B.K.C.	3718 (-1438)
RTD	3850 (-1570)
LTD	3852 (-1572)

Drillstem Test Information:

DST #1 – 3614 to 3684 ft. (L.K.C. I & J zones)

30", 60", 45", 100"

1st open: SOB in 3 min.

2nd open: SOB in 8 min.

Rec'd: 370 ft. of gas in pipe

225 ft. of slightly mud cut oil (5% mud, 95% oil) Gravity 39

160 ft. of gas and mud cut oil (25% gas, 50% Oil, 25% mud)

185 ft. of gas and oil cut mud (40% gas, 20% Oil, 40% mud)

IFP: 84# - 176# FFP: 188- 230#

ISIP: 394# FSIP: 465#

BHT 108 degrees

ALLIED CEMENTING CO., LLC. 30260

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell, Ks.

DATE <u>2-29-08</u>	SEC <u>29</u>	TWP <u>7S</u>	RANGE <u>22 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>9:15 pm</u>
LEASE <u>Webb</u>	WELL # <u>20-29</u>	LOCATION <u>Hill City N 4 E 2 1/2 S into</u>			COUNTY <u>Graham</u>	STATE <u>Ks.</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR w-w #8
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 222'
 CASING SIZE 8 5/8 DEPTH 223.54
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13.2 bbls

OWNER Vincent Oil Corp
 CEMENT AMOUNT ORDERED 165 com 3%cc
2 % Gel

EQUIPMENT

PUMP TRUCK CEMENTER Gary Shane
 # 366 HELPER Matt
 BULK TRUCK
 # 378 DRIVER Neale
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>165'</u>	@	<u>12.15</u>	<u>2004.75</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>18.25</u>	<u>54.75</u>
CHLORIDE	<u>6</u>	@	<u>51.00</u>	<u>306.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>174</u>	@	<u>2.00</u>	<u>356.20</u>
MILEAGE	<u>SK/mil 09</u>			<u>1127.50</u>
				TOTAL <u>3849.?</u>

REMARKS:

Cement Circ

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

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>893.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>72</u>	@	<u>7.00</u> <u>504.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL <u>1397.00</u>			

PLUG & FLOAT EQUIPMENT

wooden Plug <u>8 5/8"</u>			<u>66.00</u>
		@	
		@	
		@	
		@	
		@	
TOTAL <u>66.00</u>			

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

Thanks

PRINTED NAME _____

SIGNATURE Rich Helgers

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC.

30266

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE <u>3-6-08</u>	SEC. <u>29</u>	TWP. <u>7</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:00 pm</u>
LEASE <u>Webb</u>		WELL # <u>2-29</u>	LOCATION <u>Hill City 4 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>Sints</u>				

CONTRACTOR Ww Drilling R. #8

TYPE OF JOB Production String

HOLE SIZE 2 7/8 T.D. 3850

CASING SIZE 4 1/2 10 1/2 DEPTH 3845

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL P.C DEPTH 1927'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20.12

CEMENT LEFT IN CSG. 20.12

PERFS. _____

DISPLACEMENT 60,81 bbl

OWNER VINCENT Oil Corp

CEMENT

AMOUNT ORDERED 180 ASC 10% Sglt

29 Gal 500 Gal WFR-2

10 Gal KCL

EQUIPMENT

PUMP TRUCK CEMENTER Shane Gacy

366 HELPER Matt

BULK TRUCK

378 DRIVER Chris Beck

BULK TRUCK

_____ DRIVER _____

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL	@	<u>3</u>	<u>18.25</u> <u>54.75</u>
CHLORIDE	@	_____	_____
ASC	@	<u>180</u>	<u>15.00</u> <u>2709.00</u>
WFR ²	@	<u>500 Gal</u>	<u>1.10</u> <u>550.00</u>
KCL	@	<u>10 Gal</u>	<u>27.40</u> <u>274.00</u>
Sglt	@	<u>17</u>	<u>21.00</u> <u>357.00</u>
HANDLING	@	<u>200</u>	<u>2.05</u> <u>410.00</u>
MILEAGE	@	<u>SK/mi/09</u>	<u>1260.00</u>
TOTAL			<u>5614.7</u>

REMARKS:

Rot Hole 15 sks

Insert @ 3824.82

Displaced Plug with KCL water

Canded Plug @ 1300 psi

Float Held!

CHARGE TO: Vincent Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	_____	_____
PUMP TRUCK CHARGE	_____	<u>1763.00</u>
EXTRA FOOTAGE	@	_____
MILEAGE	@	<u>70</u> <u>7.00</u> <u>490.00</u>
MANIFOLD	@	_____
TOTAL		<u>2253.00</u>

PLUG & FLOAT EQUIPMENT

1 - basket	@	<u>16.5</u> <u>16.50</u>
Port Collar (Blue)	@	<u>175.2</u> <u>175.20</u>
Guide Shoe	@	<u>16.5</u> <u>16.50</u>
AFU - Insert	@	<u>247.00</u>
6 - Centralizers	@	<u>49.00</u> <u>294.00</u>
Rubber Plug	@	<u>60.00</u>
FAYED		
TOTAL		<u>2683.00</u>

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE Pat Livingston

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Thanks!

ALLIED CEMENTING CO., LLC. 30313

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell

DATE <u>3-20-08</u>	SEC. <u>29</u>	TWP. <u>75</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:45pm</u>	JOB FINISH <u>3:15pm</u>
LEASE <u>Webb</u>		WELL# <u>2-29</u>		LOCATION <u>Hill City, Ks 4N 2 1/2 E</u>		COUNTY <u>Graham</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>S into</u>			

CONTRACTOR H+B well service
 TYPE OF JOB Port Collar
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE 2 1/2 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL P.C. * DEPTH 1687'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 5 T

OWNER Vincent Oil Corp.
 CEMENT (Used 250 SKS.)
 AMOUNT ORDERED 450 SKS 60/40 6% Gel
1/4 F10 seal

EQUIPMENT

PUMP TRUCK CEMENTER Shane
 # 409 HELPER Gary
 BULK TRUCK _____
 # 362 DRIVER Rocky
 BULK TRUCK _____
 # _____ DRIVER _____

COMMON	<u>150</u>	@	<u>12.15</u>	<u>1822.50</u>
POZMIX	<u>100</u>	@	<u>6.50</u>	<u>650.00</u>
GEL	<u>13</u>	@	<u>18.25</u>	<u>237.25</u>
CHLORIDE		@		
ASC		@		
<u>F10 seal</u>	<u>63</u>	@	<u>2.20</u>	<u>138.60</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>463</u>	@	<u>2.00</u>	<u>949.00</u>
MILEAGE	<u>SK/mi/09</u>			<u>2916.00</u>
TOTAL				<u>6744.00</u>

REMARKS:

* Port Collar @ 1682 by Bond Log.

* Port Collar @ 1687' pres. backside @ 1000# held got circ. mixed 250 SKS. displayed 5 bbls. Circ. cement run 5 joints wash clean pres. back side @ 1000# held

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

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>1045.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>70</u>	@	<u>7.00</u>	<u>490.00</u>
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1535.00</u>

PLUG & FLOAT EQUIPMENT

	@			
	@			
	@			
	@			
	@			
TOTAL				

Thanks!

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Pat Livingston
 SIGNATURE Pat Livingston

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS



SUPERIOR
Hays,
Kansas

DUAL RECEIVER
CEMENT BOND LOG

Company VINCENT OIL CORPORATION
Well WEBB #2-29
Field QUARRY HILL
County GRAHAM
State KANSAS

Company VINCENT OIL CORPORATION
Well WEBB #2-29
Field QUARRY HILL
County GRAHAM
State KANSAS

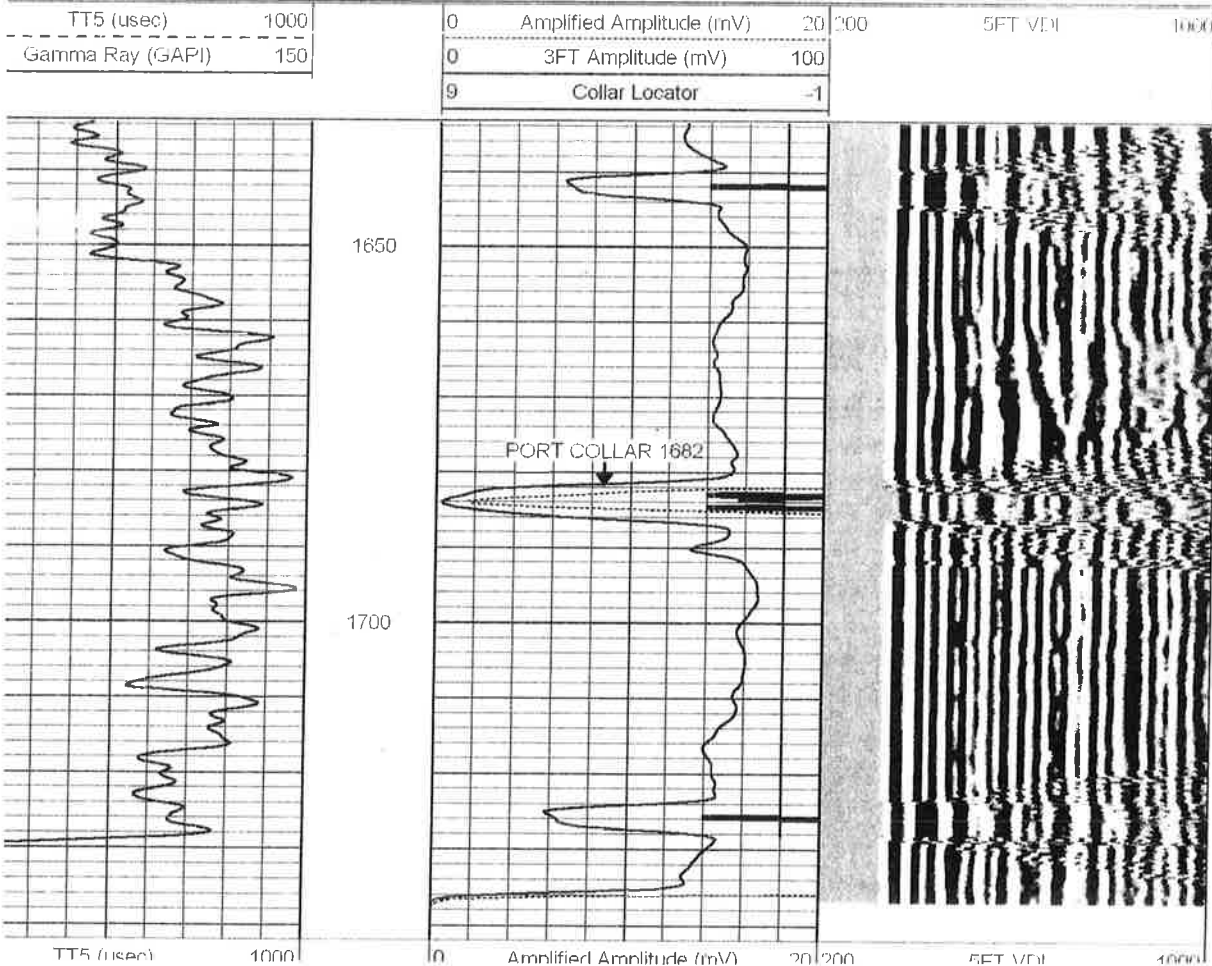
Location: 1690' FNL & 2440' FWL
SEC 29 TWP 7S RGE 22W
SE - NE - SE - NW
GROUND LEVEL Elevation 2275
Log Measured From KELLY BUSHING 5 A.G.L.
Drilling Measured From KELLY BUSHING

Other Services
PERF
Elevation
K.B. 22809
D.F. 2278
G.L. 2275

Date	3/14/08						
Run Number	ONE						
Depth Driller	3880						
Depth Logger	3822						
Bottom Logged Interval	3816						
TOP Log Interval	2540						
Open Hole Size	7 7/8						
Type Fluid	WATER						
Density / Viscosity							
Max. Recorded Tempo.							
Estimated Cement Top	2642						
Time Well Ready							
Time Logger on Bottom							
Equipment Number	747						
Location	HAYS, KANSAS						
Recorded By	R. SMITH						
Witnessed By	P. MAST						
Run Number	Bit	From	Tg	Size	Weight	From	To
Casing Record	Size	Wgt/Ft	Top	Bottom			
Surface String	8 5/8		0	221			
Prof. String							

old Here >>>

ase File: 1633grb.db
 at Pathname: pass8
 atation Format: cb102
 at Creation: Fri Mar 14 15:53:06 2008 by Log Std Casedhole 06120
 d by: Depth in Feet scaled 1:240



March 22, 2017

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

Re: Plugging Application
API 15-065-23411-00-00
WEBB 2-29
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