

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 3-29
Doc ID	1349293

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3665	3668	LKC	
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
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, Suite 700
 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>3-06-2008</u>	<u>3-12-2008</u>	<u>3/29/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

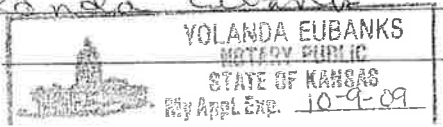
API No. 15 - 065-23412-0000
 County: Graham
NE SW SE NW Sec. 29 Twp. 7 S. R. 22 East West
2120 feet from S N (circle one) Line of Section
1730 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Webb Well #: 3-29
 Field Name: Quarry Hill
 Producing Formation: Lansing - Kansas City
 Elevation: Ground: 2278 Kelly Bushing: 2283
 Total Depth: 3830 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 209 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1973 Feet
 If Alternate II completion, cement circulated from 1973
 feet depth to Surface w/ 220 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 2200 ppm Fluid volume 400 bbls
 Dewatering method used Allow to dry and 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: 5/01/2008
 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

Side Two

Operator Name: Vincent Oil Corporation Lease Name: Webb Well #: 3-29
 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, 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 Sheet
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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#	209'	Common	165	(2% Gel & 3% CC)
Production	7 7/8"	4 1/2"	10.5#	3827'	ASC	165	(10% Salt, 2% Gel, & 10 gal KCL)

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	1973'	Lite	220	(5% Gel & 1/4 lb Flo-Seal /sx)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
4	Perf: 3665-3668 (I Zone)	Treated w/ 500 gal MCA (15%)	3665-3668
4	Perf: 3679-3681 (J Zone)	Isolated & treated w/ 500 gal MCA (15%),	3679-3681
		Swabbed (3665-3681 OA), rec. 70% oil, POP	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>3780'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>4/23/2008</u>			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>30</u>	Gas Mcf	Water Bbls. <u>None</u>	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION Perf. Production Interval 3665 - 3681 OA

KCC Form ACO-1: Page 2 Attachment

Vincent Oil Corporation

Webb # 3-29

2120' FNL & 1730' FWL

29-7S-22W

Graham Co., Kansas

API No. 15-065-23412-0000

Formation Log Tops:

Anhydrite	1910 (+373)
Base Anhydrite	1942 (+341)
Topeka	3278 (- 995)
Heebner	3478 (-1995)
Toronto	3502 (-1219)
Lansing- K.C.	3519 (-1236)
B.K.C.	3712 (-1429)
RTD	3830 (-1547)
LTD	3831 (-1548)

Drillstem Test Information:

DST #1 – 3513 to 3534 ft. (“A” zone)

18”, 30”, 34”, 30”

1st open: weak blow died in 5 min.

2nd open: no blow, flushed tool, weak blow died in 12 min.

Rec'd: 5 ft. of mud

IFP: 14# - 16#

FFP: 16# - 19#

ISIP: 132#

FSIP: 77#

DST #2 – 3618 to 3671 ft. (“H” & “I” zones)

40”, 60”, 60”, 100”

1st open: weak blow bldg to 1½ in..

2nd open: weak blow bldg to 3 in.

Rec'd: 45 ft. of clean gassy oil (95% oil, 5% gas) Gravity 39

30 ft. of oil cut mud (5% Oil, 95% mud)

IFP: 14# - 27#

FFP: 28- 40#

ISIP: 269#

FSIP: 270#

BHT 105 degrees

DST #3 - 3679 to 3730 ft. (L.K.C. “K” & “L” zones)

20”, 30” 20”, 45”

1st open: weak blow in 11 min.

2nd open: no blow, flushed tool, no help

Rec'd: 5 ft. slightly oil cut mud

IFP: 16# - 20#

FFP: 19# - 23#

ISIP: 379#

FSIP: 491#

BHT 103 degrees

ALLIED CEMENTING CO., INC.

32067

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:

DAKLEY.

DATE <u>3-7-08</u>	SEC <u>29</u>	TWP. <u>7S</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION <u>1:30 AM</u>	JOB START <u>1:30 PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>Webb</u>	WELL # <u>3-29</u>	LOCATION <u>Hell City NW-2 1/2 E-54W</u>	COUNTY <u>Graham</u>	STATE <u>Ks</u>			
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>IN</u>				

CONTRACTOR W+W #8

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 210'

CASING SIZE 8 5/8" DEPTH 209'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15' ~~10'~~ BB's

PERFS. _____

DISPLACEMENT 12 1/2 BB's

OWNER SAME

CEMENT AMOUNT ORDERED 165 SKS COM. 3% CC 2% GE 1

EQUIPMENT

PUMP TRUCK # 422 CEMENTER TERRY HELPER LAREN E

BULK TRUCK # 347 DRIVER JERRY

BULK TRUCK # _____ DRIVER _____

COMMON	<u>16.5 SKS</u>	@ <u>14 20</u>	<u>2343</u>
POZMIX		@	
GEL	<u>3 SKS</u>	@ <u>18 25</u>	<u>56 25</u>
CHLORIDE	<u>6 SKS</u>	@ <u>52 48</u>	<u>314 70</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>174 SKS</u>	@ <u>2 15</u>	<u>374 15</u>
MILEAGE	<u>94 PER SKI mile</u>		<u>1174 50</u>
TOTAL			<u>4262 50</u>

REMARKS:
CEMENT did CIRC

SERVICE

DEPTH OF JOB	<u>209'</u>	
PUMP TRUCK CHARGE		<u>917 25</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>75</u>	@ <u>7 00</u> <u>525</u>
MANIFOLD	@	
	@	
TOTAL		<u>1442</u>

CHARGE TO: VINCENT OEL CORP

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 Rich Hilgers

Rich Hilgers
PRINTED NAME

ALLIED CEMENTING CO., LLC. 30304

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell

DATE <u>3-13-08</u>	SEC. <u>29</u>	TWP. <u>7</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:30 a.m.</u>
LEASE <u>Webb</u>		WELL# <u>3-29</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 OR <input type="radio"/> NEW (Circle one)				LOCATION <u>5 W int</u>			

CONTRACTOR WW Drilling Rig #8

TYPE OF JOB Production String

HOLE SIZE 2 7/8 T.D. 3830

CASING SIZE 4 1/2 10 1/2 DEPTH 3827

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

~~TOOL P.C.~~ _____ DEPTH 1937

PRES. MAX 1400 psi MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20.88

CEMENT LEFT IN CSG. 20.88

PERFS. _____

DISPLACEMENT 60.51 661

EQUIPMENT

PUMP TRUCK CEMENTER Shane

366 HELPER Matt

BULK TRUCK _____

410 DRIVER Rocky

BULK TRUCK _____

_____ DRIVER _____

OWNER _____

CEMENT

AMOUNT ORDERED 180 ASC 10% Salt 2% GCL

10 Gal KCL 500 Gal WFR-2

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL <u>6</u>	@	<u>18.25</u>	<u>109.5</u>
CHLORIDE	@	_____	_____
ASC	@	_____	_____
<u>ASC 180</u>	@	<u>15.05</u>	<u>2709.00</u>
<u>Salt 17</u>	@	<u>21.00</u>	<u>357.00</u>
<u>KCL 10 Gal</u>	@	<u>27.40</u>	<u>274.00</u>
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
HANDLING <u>203</u>	@	<u>2.05</u>	<u>416.15</u>
MILEAGE <u>SK/mf/09</u>	@	_____	<u>1278.75</u>
TOTAL			<u>5144.35</u>

REMARKS:

Rat Hole 15 sks

Insert @ 3806.12

Mixed 16.5 sks down 5/8. Released

Plug displaced 60.51 w/ 10 gal

KCL Water. Landed Plug @ 1400 psi

Float Held!

CHARGE TO: Vincent Oil

STREET _____

CITY _____ STATE _____ ZIP _____

Thanks!

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cement 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

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

<u>4 1/2 Rubber Plug</u>	_____	<u>60.00</u>
<u>Guide Shoe</u>	@	<u>165.00</u>
<u>AFU-Insert</u>	@	<u>247.00</u>
<u>1- Basket</u>	@	<u>165.00</u>
<u>Blue Port Collar</u>	@	<u>1782.00</u>
<u>6- Centralizers</u>	@	<u>49.00</u> <u>294.00</u>
TOTAL		<u>2683.00</u>

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

32256

Federal Tax I.D.# 48-0727860

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

SERVICE POINT: Oakley, Ks

DATE <u>3/27/08</u>	SEC. <u>29</u>	TWP. <u>7S</u>	RANGE <u>22W</u>	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>9:30 AM</u>	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>Webb</u>	WELL # <u>3-29</u>	LOCATION <u>Hill city 4 1/2 E Sinto</u>	COUNTY <u>Wichita</u>	STATE <u>Ks</u>			
OLD OR NEW <input checked="" type="radio"/> (Circle one)							

CONTRACTOR H+O Services
 TYPE OF JOB Port collar
 HOLE SIZE _____ T.D. 1973'
 CASING SIZE 4 1/2 DEPTH _____
 TUBING SIZE 2 7/8 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Same
 CEMENT AMOUNT ORDERED 450 SKs Lite 69° gel
1 1/4 lb Flo Seal

EQUIPMENT

PUMP TRUCK # <u>422</u>	CEMENTER <u>Tony Blaw</u>
BULK TRUCK # <u>399</u>	HELPER <u>Wayne</u>
BULK TRUCK # _____	DRIVER <u>Darrin</u>
BULK TRUCK # _____	DRIVER _____

COMMON	@		
POZMIX	@		
GEL	@	<u>11</u>	<u>18.25</u>
CHLORIDE	@		<u>206.25</u>
ASC	@		
Flo Seal	@	<u>55 lbs</u>	<u>2.25</u>
	@		<u>123.25</u>
220 SKs Lite	@		<u>12.85</u>
	@		<u>2783.00</u>
	@		
	@		
	@		
HANDLING	@	<u>477 SKs</u>	<u>2.25</u>
MILEAGE	@	<u>94 BK/mile</u>	<u>1025.50</u>
			<u>32.19 75</u>
TOTAL			<u>7358.30</u>

REMARKS:
Pressure Tool To 1000 lb Held, open Tool,
M of 220 SKs Displace 7 BBL Clean Tool
Pressure To 1000 lb Held, Run 5' Prints,
Reverse Clean

SERVICE

DEPTH OF JOB	<u>1973'</u>	<u>19.00</u>
PUMP TRUCK CHARGE		<u>18.12</u>
EXTRA FOOTAGE	@	
MILEAGE	@	<u>75 miles</u>
MANIFOLD	@	
	@	
	@	
TOTAL		<u>233.00</u>

CHARGE TO: Vincent Oil Co
 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
Fred Braun
Erik Hagans

PRINTED NAME Pat Livingston
Fred Braun
Erik Hagans LTD OILFIELD

March 22, 2017

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

Re: Plugging Application
API 15-065-23412-00-00
WEBB 3-29
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