

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

I

Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	WEBB 1-30
Doc ID	1349298

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3561	3564	LKC	
3566	3569	LKC	
3653	3657	LKC	
3850	3851	Arbuckle	3780

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

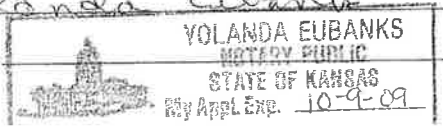
API No. 15 - 065-23412-0000  
County: Graham  
NE    SW    SE    NW    Sec. 29 Twp. 7 S. R. 22  East  West  
2120 feet from S N (circle one) Line of Section  
1730 feet from E W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease 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:  <b>Dual Induction, Neutron-Density, Micro-log, and Cement Bond Log</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum  See Attached Sheet
--	--

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                      METHOD OF COMPLETION                      Production Interval 3665 - 3681 OA

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

**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”

1<sup>st</sup> open: weak blow died in 5 min.

2<sup>nd</sup> 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”

1<sup>st</sup> open: weak blow bldg to 1½ in..

2<sup>nd</sup> 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”

1<sup>st</sup> open: weak blow in 11 min.

2<sup>nd</sup> 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. 24488

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:

Dale, KS

DATE	12-17-06	SEC	33	TWP	75	RANGE	22W	CALLED OUT		ON LOCATION		JOB START	8:00 am	JOB FINISH	8:30 pm
LEASE	Webb	WELL#	130	LOCATION	Hill City 4W-Rd			COUNTY	Graham	STATE	KS				
OLD OR NEW (Circle one)	NEW		2" 4" x 12 5" win												

CONTRACTOR W & W #4  
 TYPE OF JOB Surface  
 HOLE SIZE 12" 4 TD. 210'  
 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. 15'  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 12.2 Bbl

OWNER Same  
 CEMENT  
 AMOUNT ORDERED 165 lbm  
390cc 290gel

COMMON	165	@	12.20	2013.00
POZMIX		@		
GEL	3	@	16.50	49.50
CHLORIDE	6	@	46.00	276.00
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	174	@	1.90	330.60
MILEAGE	109 x 5 mile			1252.50
TOTAL				3925.10

REMARKS:

Cement did circulate  
Job complete @ 8:30 pm  
Thanks Fuzzy + crew

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE			815.00	
EXTRA FOOTAGE		@		
MILEAGE	80	@	6.00	480.00
MANIFOLD		@		
		@		
		@		
TOTAL			1295.00	

CHARGE TO: Vincent Oil Co  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

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.

TOTAL \_\_\_\_\_  
 TAX \_\_\_\_\_  
 TOTAL CHARGE \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Kelsey Stettin

PRINTED NAME



# ALLIED CEMENTING CO., INC.

33472

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:  
Russell

DATE <u>12-31-06</u>	SEC <u>30</u>	TWP <u>7</u>	RANGE <u>22</u>	CALLED OUT <u>5:00am</u>	ON LOCATION <u>9:00am</u>	JOB START <u>2:00PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>WEBB</u>	WELL# <u>1-30</u>	LOCATION <u>Hill City 5N 2E</u>	COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>			
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR W-W Dalg, Rig # 6  
 TYPE OF JOB PRODUCTION STRING  
 HOLE SIZE 7 7/8 I.D. 3900  
 CASING SIZE 4 1/2 DEPTH 3896  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL AFU INSERT DEPTH 3880  
 PRES. MAX 1200# MINIMUM  
 MEAS. LINE SHOE JOINT 17'  
 CEMENT LEFT IN CSG. 17'  
 PERFS.  
 DISPLACEMENT 63 3/4 BBL

OWNER  
 CEMENT  
 AMOUNT ORDERED 190 SK ASP, 2% GEL  
10% SALT  
500 GAL WFR-2

COMMON	@		
POZMIX	@		
GEL	3	@	<u>16.5 49.5</u>
CHLORIDE		@	
ASC	190	@	<u>13.10 2489.00</u>
Salt	18	@	<u>19.20 345.60</u>
WFR-2	500 gals	@	<u>1.00 500.00</u>
HANDLING	24	@	<u>1.90 400.92</u>
MILEAGE	180	@	<u>15.14 2725.20</u>
TOTAL			<u>5304.62</u>

### EQUIPMENT

PUMP TRUCK CEMENTER GILBERT  
 # 398 HELPER GARY  
 BULK TRUCK  
 # 345 DRIVER DOUG  
 BULK TRUCK  
 # DRIVER

### REMARKS:

Port collar on #49 JT. (1903)  
LAND Plug @ 1200# (FRAT)  
15 SK @ RATHOLE  
THANKS

### SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1600.00</u>
EXTRA FOOTAGE	@		
MILEAGE	180	@	<u>6.00 490.00</u>
MANIFOLD	@		
TOTAL			<u>2090.00</u>

CHARGE TO: Vincent Oil Corporation  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PLUG & FLOAT EQUIPMENT

<u>4 1/2 Ruvace Plug</u>			<u>55.00</u>
<u>Guide Shoe</u>	@		<u>125.00</u>
<u>AFU INSERT</u>	@		<u>245.00</u>
<u>6-Cent</u>	@	<u>45.00</u>	<u>270.00</u>
<u>1-BSK</u>	@		<u>130.00</u>
<u>1-Port Collar</u>	@		<u>1600.00</u>
TOTAL			<u>2395.00</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 DAYS

SIGNATURE Kirby Stett

PRINTED NAME

# ALLIED CEMENTING CO., INC. 25244

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:  
OAKLEY

DATE <u>1-25-08</u>	SEC. <u>33</u>	TWP. <u>7S</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION <u>9:15 AM</u>	JOB START <u>10:30 AM</u>	JOB FINISH <u>12:15 PM</u>
LEASE <u>Webb</u>	WELL# <u>1-30</u>		LOCATION <u>Hill City SW-2E-1/2S</u>		COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR <u>H-O OILFIELD SERVICES</u>	OWNER <u>SAME</u>
TYPE OF JOB <u>PORT COLLAR</u>	
HOLE SIZE _____ T.D. _____	CEMENT AMOUNT ORDERED
CASING SIZE <u>4 1/2"</u> DEPTH _____	<u>450 SKS 60/40 POZ 6.2 GEL 1/2" FLO-SEAL</u>
TUBING SIZE <u>2 7/8"</u> DEPTH <u>3010'</u>	<u>USED 310 SKS 60/40 POZ 6.2 GEL 1/2" FLO-SEAL</u>
DRILL PIPE _____ DEPTH _____	
TOOL <u>PORT COLLAR</u> DEPTH <u>1902'</u>	
PRES. MAX _____ MINIMUM _____	COMMON <u>186 SKS</u> @ <u>12.20</u> <u>2269.20</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>124 SKS</u> @ <u>6.10</u> <u>756.40</u>
CEMENT LEFT IN CSG. _____	GEL <u>16 SKS</u> @ <u>16.65</u> <u>266.40</u>
PERFS. _____	CHLORIDE @ _____
DISPLACEMENT _____	ASC @ _____

**EQUIPMENT**

PUMP TRUCK # <u>422</u>	CEMENTER <u>TEARY</u>	HELPER <u>WAYNE</u>
BULK TRUCK # <u>218</u>	DRIVER <u>LONNIE</u>	
BULK TRUCK # <u>315</u>	DRIVER <u>BARRY</u>	

<u>FLO-SEAL 78#</u>	@ <u>2.00</u>	<u>156.00</u>
HANDLING <u>477 SKS</u>	@ <u>1.90</u>	<u>906.30</u>
MILEAGE <u>94 PER SK / MILE</u>		<u>5434.40</u>
<b>TOTAL</b>		<b><u>7788.70</u></b>

**REMARKS:**

TURN OIL OUT OF HOLE. PULL UP TO PORT COLLAR. PRESSURE SYSTEM TO 1000 PSI. OPEN PORT COLLAR MIX 310 SKS 60/40 POZ 6.2 GEL 1/2" FLO-SEAL. DISPLACE 6 3/4 BBL. CLOSE PORT COLLAR. PRESSURE SYSTEM TO 1000 PSI. RUN TO JTS REVERSE OUT.

THANK YOU

CHARGE TO: VINCENT OIL

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB <u>3010'</u>		
PUMP TRUCK CHARGE		<u>955.00</u>
EXTRA FOOTAGE @ _____		
MILEAGE <u>80 MI</u> @ <u>6.20</u>		<u>496.00</u>
MANIFOLD @ _____		
<b>TOTAL</b>		<b><u>1435.00</u></b>

**PLUG & FLOAT EQUIPMENT**

@ _____		
@ _____		
@ _____		
@ _____		
@ _____		
<b>TOTAL</b>		

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 15-065-23263-00-00  
WEBB 1-30  
NE/4 Sec.30-07S-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