

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	DYKE 1
Doc ID	1351352

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1195	1285	Cedar Hills	1625

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5004
Name: Vincent Oil Corporation
Address 1: 200 W. Douglas, Suite 725
Address 2: _____
City: Wichita State: Ks Zip: 67202 + _____
Contact Person: M.L. Korphage
Phone: (316) 262-3573 Fax: (316) 262-3309
Email Address: land@vincentoil.com

Well Location:
_____ NW NE Sec. 32 Twp. 18 S. R. 24 East West
County: Ness
Lease Name: Dyke (SWDW) Well #: 1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Lyle Davison
Address 1: 805 Crescent Drive
Address 2: _____
City: Ness City State: Ks Zip: 67560 + _____

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.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 4/11/2017 Signature of Operator or Agent: M.L. Korphage Title: Geologist

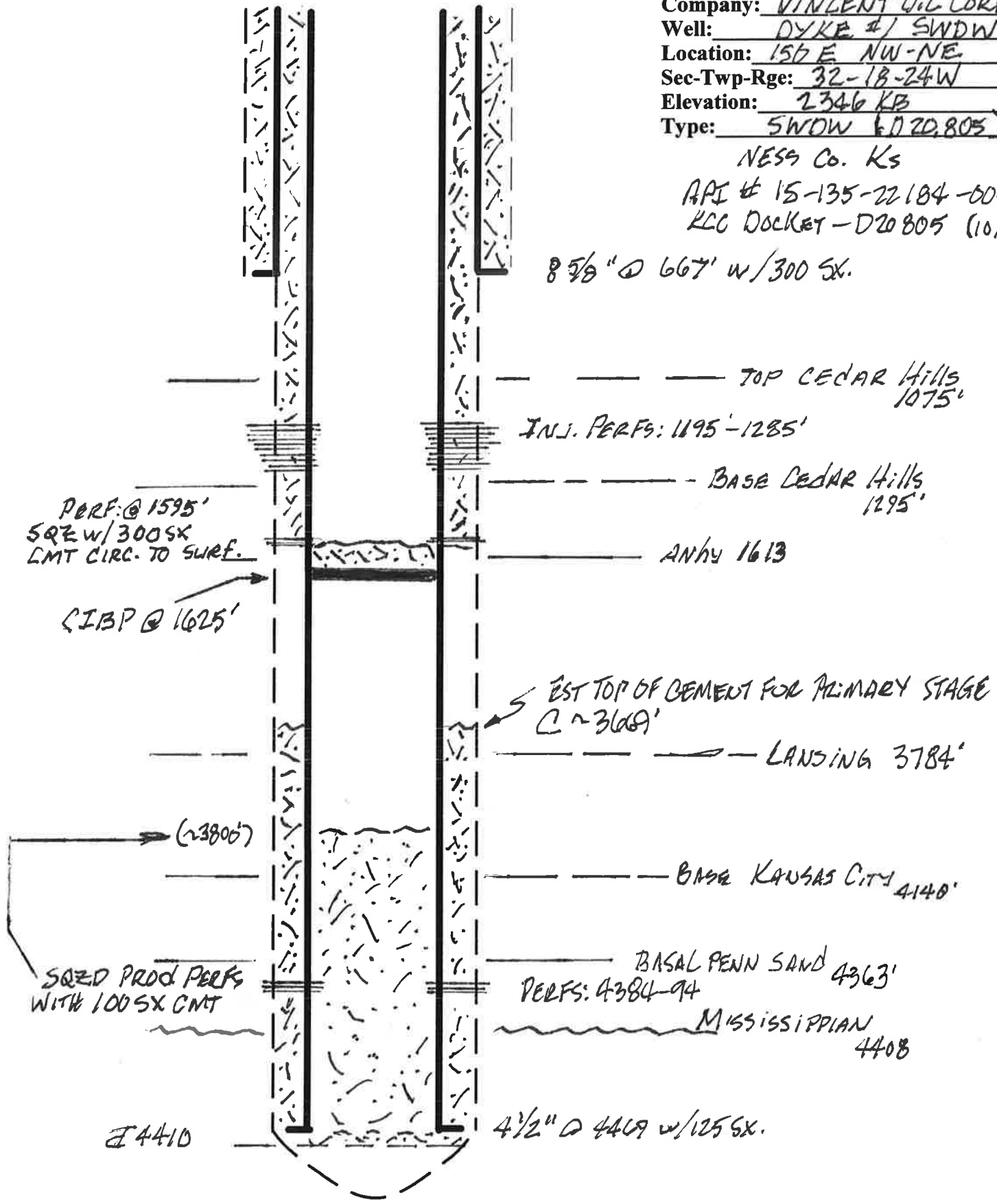
Wellbore Diagram:

Company: VINCENT OIL CORP.
 Well: DYKE #1 SWDW
 Location: 156 E NW-NE
 Sec-Twp-Rge: 32-18-24W
 Elevation: 2346 KB
 Type: SWDW (D20805)

NESS Co. Ks

API # 15-135-22184-00-01
 KCC DOCKET - D20805 (10/13/82)

8 5/8" \varnothing 667' w/300 SX.



E 4410

4 1/2" \varnothing 4409 w/125 SX.

MK
3/17

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 - 135 - 22184-00-01

DOCKET # D-20805

SE NW NE, Sec 32, T 18 S, R 24 E/W

4620 (4618) Feet from South Section Line
1830 (1838) Feet from East Section Line

Lease DYKE Well # 1 SWD
 County NESS

Operator: VINCENT OIL CORP.
 Name &
 Address 155 N MARKET STE 700
WICHITA, KS 67202-1821

Operator License # 5004
 Contact Person ERIC HAGANS
 Phone 620-308-5858

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 500 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8"</u>	<u>4 1/2"</u>			<u>2 3/8"</u>
Set at		<u>667'</u>	<u>4469'</u>			<u>1099'</u>
Cement Top		<u>0</u>	<u>3669'</u>			Type <u>PLASTIC LINED</u>
" Bottom		<u>667'</u>	<u>4469'</u>			
DV/Perf.			TD (and plug back)			ft. depth
Packer type	<u>R-4</u>		Size <u>2 3/8" x 4 1/2"</u>			Set at <u>1099'</u>
Zone of injection	<u>CEOR minus</u>	ft. to ft. <u>1195-1285</u>				Perf. or open hole <u>PERFS</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 305 Set up 1 System Pres. during test VACUUM

L 320 320 320 Set up 2 Annular Pres. during test 320-320

D Set up 3 Fluid loss during test 0 bbls.

A Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with A PACKER

Test Date 6/14/12 Using H-D OILFIELD SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1099 feet was the zone tested X

[Signature] Signature FOREMAN Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Kenny Sullivan Title PART II Witness: Yes No _____

REMARKS: 5 YEAR RETEST

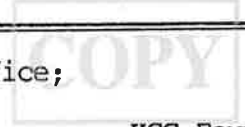
Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

38.44814
99.99702

KCC Form U-7 6/84

GPS entered



AM

April 12, 2017

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

Re: Plugging Application
API 15-135-22184-00-01
DYKE 1
NE/4 Sec.32-18S-24W
Ness 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 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, 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 October 12, 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 October 12, 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 1