	NSAS CORPORAT		DN 13628	347	Form CP-1
C	IL & GAS CONSER	VATION DIVISION			March 2010 Form must be Typed
	LL PLUGGING			All b	orm must be Signed lanks must be Filled
Form KSONA-1, Certificati	MUST be submitted		Owner Notificat	ion Act,	
OPERATOR: License #:		API No. 15			
Name:		If pre 1967, su	pply original comp	etion date:	
Address 1:		Spot Descripti	on:		
Address 2:			Sec Tw	/p S. R	East West
City: State: Z	′ip: +		Feet from	North / S	South Line of Section
Contact Person:					Vest Line of Section
Phone: ()		Footages Calo	NE NW		Corner:
/ /					
		-			
		Ecuse Hume.		Won #.	
Check One: Oil Well Gas Well OG	D&A Cat	thodic 📃 Water Sup	ply Well	)ther:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	Set at:	Cem	ented with:		Sacks
Surface Casing Size:	Set at:	Cem	ented with:		Sacks
Production Casing Size:	Set at:	Cem	ented with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:					
Elevation: (G.L. /K.B.) T.D.:	PBTD:	_ Anhydrite Depth:			
Condition of Well: Good Poor Junk in Hole	Casing Leak at:		(5	Stone Corral Formation	)
		(Interval)			
Proposed Method of Plugging (attach a separate page if addition	al space is needed).				
	_	_			
Is Well Log attached to this application?	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 of sog and the	Pulos and Pogulation	s of the State Cor	poration Commis	sion
Company Representative authorized to supervise plugging op		· ·			
Address:					
Phone: ()		Sity		Zip	+
Plugging Contractor License #:		Namo			
Address 1:					
City:					
City:			State:	<u> </u>	+
Phone: ( ) Proposed Date of Plugging (if known):					
roposed 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

Kansas Corpora Oil & Gas Conse CERTIFICATION OF CO KANSAS SURFACE OWN	BVATION DIVISION       January 2014         Form Must Be Typed       Form must be Signed         All blanks must be Filled       Form must be Filled
This form must be submitted with all Forms C-1 (Notice of I T-1 (Request for Change of Operator Transfer of Injection or Any such form submitted without an accorr Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	Surface Pit Permit); and CP-1 (Well Plugging Application). apanying Form KSONA-1 will be returned.
OPERATOR:       License #	Well Location:
Surface Owner Information:         Name:         Address 1:         Address 2:         City:	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.

## Submitted Electronically

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Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	JACOBS M 1
Doc ID	1362847

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4340	4348	Mississippian	

VINCENT OI 901 union	CENTER	BLDG.	32-30-9W #1 JACOBS "M" 800'FNL& 630'FWL,SW
WICHITA, K Contr <u>H-30</u>	S. DRLG.	INC.	CTYKINGMAN
GEOL		and the states	FIELD SPIVEY-GRABS
. 1644 кв с	м <u>11/11</u>	77 ISSUE	□1 <u>2/21/78 ⊪ SIGW</u> -+++-
0 API 15-095-2	20,653	-	MISS OH 4340-48
SMP TOPS	DEPTH	DATUM	
HEEB LANS STARK SH B KC MISS RTD	3459 3668 4065 4161 4335 4348	-1815( -2024 -2421 -2517 -2691 -2704	<pre>8=5/8" 239/185 sx, 4±" 4340/125 sx No Log DST (1) 4339-48/30-30-60-60, gTs/12", (END oF 1st oP), gA 106 mcFG, (END oF 2ND oP), gA 134.5 mcFG, REC 40' gM, 60' gWM, SIP 430-430#, FP 40-40# 81-81# MICT - BAILED CLEAN, INSTALLED 2" ORIFICE W/3/8" PLATE, GA 208 mcFG/1'35", 202 MCFG/1'45", 196 mcFG/1'55", 193 mcFG/2 HRS, GAS VOLUME STAB, GA 191 mcFG/1 HRS DECR TO 178 mcFG/3 HRS, SWB &amp; REC 5 GW, Ac 500, SWB &amp; FL @ 1500' FROM SURF SWB DWN TO 4325' &amp; REC LD WTR, RAN 2- 3/8" TBG, SWB &amp; 1000' FL INTBG, MADE 2 SWB RUNS &amp; REC LD WTR, FLO WET GA, MIST TO PIT/20", SWB 2.40 BF/30", 1.92 BF/60"</pre>

VINCENT OIL CORP. #1 JACOBS "M" 800 FNL& 630 FWL, SW	VINCENT OIL CORP.	#1 JACOBS "M"	
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1.60 BF/90" RAINBOW OF OIL ON PIT, SICP 355#, SITP 355#/24 HRS, SI, SIO & GW, POTENTIAL NOT AVAILABLE

							<u>30 r. 9</u> FNL & 630' FWL
API No. 15 —	095 County	<u> </u>	) , 653 Jumber			County K	
Operator			and the state of the			County	640 Acres
Vincent Oi							
901 Union Well No.	Center Bldg	Wic	hita, Kansa	s 67202		160	드드디그릭그
# ]	Jacobs	"M"					
Footage Location	(N). (S) fine		feet	from (E) (W) lin	e	- -	$\left  - \right  \left  \left $
Principal Contractor H-30 Dr1g.		G	eologist Deane J			16	
Spud Date	inç.	To	otal Depth	P.B.T.D.		La	ocate well correctly
11-11-77			4348			Elev.: Gr	
Date Completed 11-20-77			il Purchaser			DF	кв1644_
	18		CASING	RECORD			1
Report of all string	gs set — surface, i	intermediat	e, production, el	łc.			
Purpose of string			set Weight Ibs/ft.		Type cement	Sacks	Type and percen additives
Surface		235'				185	
	4						
Prod.	- i	4340	-			125	
	LINER RECOR	L		T	PERF	ORATION RE	CORD
Top, ft.	Bottom, ft.	Socks	s cement	Shots pe	er ft.	Size & type	Depth interval
				_			
	TUBING RECO	RD					
Size	Setting depth	Packs	er set at				
	A	CID, FRAC	CTURE, SHOT,	CEMENT SQUI	EEZE RECORD		
	Amou	nt ond kind	of material used				Depth interval treated
	3					all	11. St
						344	
							والمنقل أستراو والمراجع
			INITIAL PR	ODUCTION			
Date of first production		Produ	cing method (flow	ring, pumping, gas	lift, etc.)		
RATE OF PRODUCTION	Oil		Gas		Water		Gas-oil ratio
PER 24 HOURS	used on lease or s		bbls.	M	CF Producing int	bbls. erval (s)	Ci
Disposition of gas (vented							

ě

C-1	0-1	972
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Operator Vincent Oil	DESIGNATE TYPE OF COMP.: OIL, GA DRY HOLE, SWDW, ETC.: Gas				
Well No. #1	Lease Nome Jacobs ''M''				
s <u>32</u> <u>t</u> <u>30</u> <u>r</u> <u>9</u>	the second se				
	WELL LOG ones of porosity and contents thereof; core I tested, cushion used, time tool open, flowi			SHOW GEOLOGICAL MAR OR OTHER DESCRIPTIVE	KERS, LOGS RU INFORMATIO
	N DESCRIPTION, CONTENTS, ETC.	ТОР	воттом	NAME	DEPTH
			7	Heebner Lansing Stark Shale Base Kans.City Mississippi RTD	3459 3668 4065 4161 4335 4348
				No log.	
	12				
Lost circula	tion at 3950 for 12 hou	rs.			
DST #1 - 433	9-4348 - 30-30-60-60. ( of first flow p Recovered 40 f ISIP 430#, FFP	period and 134 t. gassy mud,	.5 MCF at ( 60 ft. gas	nd of 2nd flow	at end period. P 40-40,
	*			8	
					×
	USE ADDITIONAL SHEETS,	IF NECESSARY, TO	COMPLETE WE	L RECORD.	
Date Receive	d	Yeel	nodd	Dickel	
		designed and the second	Vice Pre		
			December		

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Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

August 10, 2017

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

Re: Plugging Application API 15-095-20653-00-00 JACOBS M 1 SW/4 Sec.32-30S-09W Kingman 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 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, 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 February 10, 2018. 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 February 10, 2018 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 2