KOLAR Document ID: 1521844

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #:		_ API No. 15			
Name:		_ If pre 1967, sup	ply original compl	etion date:	
Address 1:		Spot Description	n:		
Address 2:		_	Sec Tw	/р S. R	East West
City: State:	. Zip:+	l ———	Feet from	North /	South Line of Section
Contact Person:		_	Feet from		West Line of Section
Phone: ( )			lated from Neares	st Outside Section	Corner:
, mone. (					
		1 '			
		2000011001			
Check One: Oil Well Gas Well OG	D&A Catho	odic Water Suppl	y Well O	ther:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	Cemer	nted with:		Sacks
Surface Casing Size:	Set at:	Cemer	nted with:		Sacks
Production Casing Size:	_ Set at:	Cemer	nted with:		Sacks
Elevation: ( G.L. / K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if additi  Is Well Log attached to this application? Yes No  If ACO-1 not filed, explain why:	Casing Leak at:ional space is needed):	(Interval)		Stone Corral Formation	,)
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	-	-	-		
Address:	City	y:	State:	Zip:	+
Phone: ( )					
Plugging Contractor License #:	Na	me:			
Address 1:	Add	dress 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** 

KOLAR Document ID: 1521844

#### Kansas Corporation Commission Oil & Gas Conservation Division

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

# 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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R
Address 1:	County:
Address 2:	Lease Name: Well #:
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person:	the lease below:
Phone: ( ) Fax: ( )	
Email Address:	
Surface Owner Information:	
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat
owner(s) of the land upon which the subject well is or will be loc	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address.
KCC will be required to send this information to the surface owr	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	
Submitted Electronically	

Form	CP1 - Well Plugging Application
Operator	Vincent Oil Corporation
Well Name	SMITH 2-8
Doc ID	1521844

### Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5295	5310	Mississippian	

#### Wellbore Diagram:

	Company: VINCEUT Oil Corp  Well: Smith #Z-8  Location: 2460 FSL & 1505 FW  Sec-Twp-Rge: 8-29-22W  Elevation: 2533 KB  Type: GAS WELL  15=057-20936-00-00  (~NW-NW, NE-SW)  85/3" SMIF CSG @ 686"  CMT W/ 250 SX.
	Top cont by bond log  2 4148'  1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
5279	Top Mississipino  PERFORMTEd 5295' to 5310'
	1. 4.5" Prod. Cag @ 5424' W/175 St. RTD. 5440'

<<<					4-1/2"	Production String Liner
Fold	000	c			0-0/0	Prot String
THE CONTRACTOR OF THE CONTRACT	Bottom	Top	Wgt/Ft		Size	Casing Record
re >>>						
	From To	Weight From	Size	То	Bit From	Run Number Bi
>	ecord	Tuhing R	014	23 04340	shale Record	PARTICISACION BOY
			NOTON	NOT SOMEWIT TAG		Recorded by
			NSAS	HAYS, KANSAS		ocation
				702		Equipment Number
					Ä	ime Loager on Bottom
					Ö	Time Well Ready
						Max Recorded temp
410						Density / Viscosity
			20	WATER		Type Fluid
8			1	7-7/8"		Open Hole Size
				4050		Top Log interval
				5392	Đị.	Bottom Logged Interval
				5394		Depth Logger
				5440		Depth Onlier
			MAC)	ONE		Rumber
			4	8-12-14		
	2523 K.B. 2533 D.F. 2531 G.L 2523	Elevation 10' A.G.L.	KELLY BUSHING KELLY BUSHING	9	Permanent Datum Log Measured From Drilling Measured From	Compan Well Field County State
	Elevation	22W	TWP 29S RGE	000	S	S F
	- [	ML.	2460' FSL & 1505' FWL	2460'		MITH: ORD ANSA
	0					#2-8
	1-00 Other Services	API#: 15-057-20936-00-00	API#: 1		Location:	
	KANSAS	State K		FORD	County	CORP
					Field	UKAI
			2-8	SMITH #2-8	Well	
		ORATION	VINCENT OIL CORPORATION	VINCENT	Company	
		LOG			S CO.	SERVICES CO.
	ND	CEMENT BOND	CE	German	NOITE	COMPLETION
	くロス	DUAL KECEIVEK	עטע			

#### 6191

# QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

Sec. Twp. Range County State						On Location	Finish		
Date 07-22-14	08	295	22 w	For	FORD KS SWAM 815AM				
Lease Smith	The state of the s								
Contractor Val = 2				Owner Vincent					
				The s	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish				
Hole Size 2/4 T.D. 69 cementer and helper to assist owner or contractor to do work as it						o work as listed.			
Csg. 85/8		Depth	686		Charge To				
Tbg. Size		Depth			Street				
Tool		Depth			City State				
Cement Left in Csg. 39	žene.	Shoe Jo	oint 39.17		The above was done to satisfaction and supervision of owner agent or contractor				
Meas Line	Displace 4 1/2 BBIs Fresh Cement-Amount Ordered 1255 x PRIC \$ 1255 x A 3/2					255x A 3/60			
	EQUIPM	IENT	7 5		+2% sel				
Pumptrk 8	ke B					<b>よ</b> 5			
Bulktrk 9 No. Daw	14 P				FOZ. WAIX	2.5			
Bulktrk	vict				Gel. / /				
Pickup No.	Pickup No. Calcium / C								
JOB SER	RVICES	& REMA	RKS		Hulls				
Rat Hole				Salt					
Mouse Hole				Flowseal 66.35					
Centralizers				Kol-Seal	<b>.</b>				
Baskets				Mud CLR 48		3			
D/V or Port Collar	CFL-117 or CD110 CAF 38								
Pipe on BHM, B	reak	Ciac.	Pump Space	er,	Sand				
mix 1250x /ight	weigh	+ m C	ament, M.	X	Handling	201		15	
1255x tailcemen	+, 5-	top, G	Release Pl	6,	Mileage 5	0			
Start Dis	p. w/	Fre	-Sh H20, Wa	shu	4	FLOAT EQUIPMI	ENT		
on Plug See 5.	read	y inc	resie in t	57,	Guide Shoe				
· Slowate,	Bun	PAL	9.10 700	#	Centralizer				
Eron 500 #	54 V	+ In,	Camant Dic	1Ci	Baskets				
					AFU Inserts	8			
(	7				Float Shoe	4			
				Latch Down					
					1-Baffle	Platet Wooden	Cuelly		
					LMV	-50 1.	Service SUE	exvisor.	
1					Pumptrk Charge Sur fu (2)				
					Mileage 50 y A				
	-						Tax		
V							Discount		
X Signature Ruk Amuth						Total Charge			

## ALLIED OIL & GAS SERVICES, LLC 062849

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 SERVICE POINT:

Medicalodge K!

DATE 7-31-14	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	SOO PA	JOB FINISH
25c) /W11 11	1			1 /		COUNTY	STATE
The state of the s	WELL# 7	2-8	LOCATION Kingedo	iwn (), 2 North	L, cast into	Ford	IKS
OLD OR NEW Cir	cle one)					J	
CONTRACTOR V	61 #2			OWNER V:	101		
TYPE OF JOB Pro				OWNER V.	need of		-
HOLE SIZE 7		TD	5440	CEMENT			. IN
CASING SIZE 4	5 11.6	DEF	TH 5424	AMOUNT OR	DERED 50 sx 6	0:40:4%	6e1, 175sx
TUBING SIZE		DÈF		/less A AS	SC + 5# Kolee	\ +.5% FZ	-160.12BBL
DRILL PIPE		DEF	TH	ASF, 9 Gal	KCL	+ 673 84-1	<u> </u>
TOOL			TH				
PRES. MAX 1400			MUMI	COMMON			
MEAS. LINE	. cco 10		DE JOINT 18	POZMIX			
CEMENT LEFT IN PERFS.	CSG. 12	)		_ GEL _ CHLORIDE _			
	941 B	BI. E	esh How/2%Ke		55%	@ 23.50	4117.50
DISTERCEMENT		IPMENT	CON CITOUR CALL	60kis 4	508	@ 1843	92150
	EQU	TEMTEMI		Koscal	875 4	@ - 48	857.50
DIT (DEDITO)	CELIEVE	rp 7.	on Thinesch	- FC-160	82 *	@ 13.90	
#471/307	CEMENT	D Cill	on Thresen	- GasBlack	25 4	_@. 18°ºº	<u> 450.00</u>
BULK TRUCK	HELPER	Ron (31)	4	- ASP	121361	@ 5970	704.40
#344/198	DRIVER	Relat	Johnson	Chapeo	9 Enc	@ 34.40	<u></u>
BULK TRUCK	DIG (DIC	I 10 PVI				_@ _@	
#	DRIVER			- HANDLING_			
				MILEAGE			*X
	REI	MARKS:				ТОТА	B905.30
	ICIO!	WARING.		2800-249	3.48	IOIA	
					SERV	ICE	
-				-	JERV.	TCE	
				DEPTH OF JO	OB 5424		
				PUMP TRUC	K CHARGE	- 30	JGG 25
				_ EXTRA FOO	TÄĞE 50	@ 440	ZZ 0 00
				_ MILEAGE _	50	@ 773	
				<ul> <li>MANIFOLD.</li> </ul>	32/ 4	_@	275.00
				Handling	206.81	_@ <u>2.48</u> @ 2.75	711.28
J.		01		MILETIA	8.04/50 / 7.75	@	<u>Z480.<b>5</b>0</u>
CHARGE TO: V	ncent (	<i>1</i> 1		- 2900=200	28 11		7171.63
STREET					- 0,11	TOTA	1 11.03
			ZID				
CITY	S1	ATE	ZIP	_	PLUG & FLOA	T EQUIPME	ENT
				45			
				Centraliza	·J 6	6 @ 57 <sup>23</sup>	34200
				Rog Guide S		@	22200
To: Allied Oil &	Gas Serv	ices LLC		AFKinsert		1_@	35200
			menting equipment	Rubber Pla	·5	<u></u>	63
•	•		to assist owner or			@	_:
			he above work was	2800 = 2	73.155		~~~ °¢
done to satisfacti	ion and su	pervision	of owner agent or			TOTA	L _ 415
			and the "GENERAI		(7.5.1)		Já
TERMS AND C	ONDITIO	NS" liste	d on the reverse sid	e. SALES TAX	(If Any)———	3.5	
	_	_	6:	TOTAL CHA	RGES	051.33	
PRINTED NAME	See	ME	ee			IIZ D	AID IN 30 DAYS
TRINTED NAME				_ DISCOUNT		Ir PA	אם אל אוו חויב
	7/	M°G Mis	0 -		1-	2 :	
SIGNATURE _	flier.	11/1/2	e e	- NET	12,276.	76	
				J	-		

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



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

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

July 07, 2020

M.L. Korphage Vincent Oil Corporation 200 W DOUGLAS AVE #725 WICHITA, KS 67202-3023

Re: Plugging Application API 15-057-20936-00-00 SMITH 2-8 SW/4 Sec.08-29S-22W Ford 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 January 03, 2021. 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 January 03, 2021 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