Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: 5004				API No. 15 - 057-20758-00-00		
Name: Vincent Oil Corporation				Spot Description: ~NE-NE-NE-SE		
Address 1: 155 N. Market, Ste 700				-NE_NE_SE_Sec.4 Twp. 29 S. R. 22 East West		
Address 2:						
City: Wichita State: KS Zip: 67202 + 1821				Feet from East / West Line of Section		
Contact Person: M.L. Korphage				Footages Calculated from Nearest Outside Section Corner:		
Phone: (316) 262-3573				☐ NE ☐ NW ☑ SE ☐ SW		
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ✔ D&A ☐ Cathodic				County: Ford		
Water Supply Well Other: SWD Permit #: SWD Permit #: SNHR Permit #: Gas Storage Permit #: Storage Per				ame: Rice		
				ell Completed:10/2		
				The plugging proposal was approved on: 10/28/2011 (Date) by: Richard Lacy, KCC District I (KCC District Agent's Name) Plugging Commenced: 10/29/2011 Plugging Completed: 10/29/2011		
Depth to Top: Bottom: T.D						
Depart		Bottom:				
Show depth and thickness of	all water, oil and gas t	formations.	·			
Oil, Gas or Water Records Casin			Casing Record (Su	g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		Conductor	13.375"	263'	None	
			0.005#	0501		
		Surface Casing	8.625"	650'	None	
1						
Loaded hole with 50 sx at 1510'; 50	heavy drilling sx at 670', 40		plugs throug at 60' to su	h drill pipe as rface; plugged	follows: the rathole with 30 sx lied Cementing Ticket #	
		FEB 1 4 2012				
5929				Drilling Co. Inc.		
NGC WICHITA			Name			
Address 1: P.O. Box 8	23		Address 2:			
City: Great Bend			State: _	(ansas	z _{ip:} <u>67530</u> +	
Phone: (620) 793-8	366					
Name of Party Responsible for	or Plugging Fees: <u>V</u>	incent Oil Corporation				
State of Kansas	Cou	nty, Sedgwick	, ss.		\Rightarrow	
M.L	ne)	 E	mployee of Operator o	r Derator on above-described well,		
being first duly sworn on oath the same are true and correct		owledge of the facts statements, a	ind matters herein c	ontained, and the log o	of the above-described well is as filed, and	
Signature:	X. 7	engh				