KOLAR Document ID: 1993138

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

WELL PLUGGING RECORD

K.A.R. 82-3-117

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

OPERATOR: License #: 6030
Name: Ainsworth Operating Co.
Address 1: 4676 COMMERCIAL ST SE STE #412
Address 2:
City: SALEM State: OR Zip: 97302 + 1902
Contact Person: Al Ainsworth
Phone: (503) 881-4357
Type of Well: *(Check one)* ☑ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☐ ENHR Permit #: ☐ Gas Storage Permit #:
Is ACO-1 filed? ☑ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No
Producing Formation(s): List All *(If needed attach another sheet)*
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-185-22479-00-00
Spot Description:
SE - NE - SW - NE Sec. 8 Twp. 22 S. R. 11 ☐ East ☑ West
1720 Feet from ☑ North / ☐ South Line of Section
1600 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☑ NE ☐ NW ☐ SE ☐ SW
County: Stafford
Lease Name: SLEEPER Well #: 1
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 08/15/2026
Plugging Completed: 08/15/2026

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		*Casing Record (Surface, Conductor & Production)*			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Pump 50 sks at 600'; Pump 50 sks at 330'; Circulate from 40', took 75 sks; Topped off with 20 sks; Job Complete. Used 60/40 POZ, 4% Gel

Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.
Address 1: PO BOX 467 Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Phone: (620) 938-2943
Name of Party Responsible for Plugging Fees: Ainsworth Operating Co.
State of Oregon County, Marion , ss.
Al Ainsworth *(Print Name)* ☐ Employee of Operator or ☑ Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically