STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
P. O. BOX 17027
WICHITA, KANSAS 67217

Rev. 6-3-74
FORM CP-1

WELL PLUGGING APPLICATION FORM
File One Copy

API Number __15 - 015 - 21,975 - 0000__ (of this well)

Lease Owner ___Ainsworth Drilling Company___

Address ___P.O. Box 1269, 1255 Lake Ave. Colorado Springs, CO 80901___

Lease (Farm Name) ___DuBois___ Well No. ___1___

Well Location ___ Sec. _33_ Twp. _24_ Rge. _4_ (E)___ X (W)___

County ___Butler___ Total Depth ___2795'___ Field Name _____

Oil Well___ Gas Well___ Input Well___ SWD Well___ Rotary D & A _____

Well Log attached with this application as required ___Yes___

Date and hour plugging is desired to begin ___7:32 A.M. 2-20-82___

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

Name of company representative authorized to be in charge of plugging operations:

___A.C. Teichgraeber___ Address ___Box 645, El Dorado, KS 67042___

Plugging Contractor ___EDCO Drilling Company, Inc.___ License No. _____

Address ___124 West Locust, El Dorado, Kansas 67042___

Invoice covering assessment for plugging this well should be sent to:

Name ___Ainsworth Drilling Company___

Address ___P.O. Box 1269, 1255 Lake Ave., Colorado Springs, CO 80901___

and payment will be guaranteed by applicant or acting agent.

Signed: ___A.C. Teichgraeber___
Applicant or Acting Agent

Date: ___February 23, 1982___

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado, Derby Bldg.
Wichita, Kansas 67202-1286

INVOICE and WELL PLUGGING AUTHORITY

February 24, 1982

INVOICE NUMBER: ___1146=E___

TO: Ainsworth Drlg. Co.

Box 1269, ~~IRR~~ 1255 Lake Ave.

Colorado Springs, CO

PLUGGING ASSESSMENT AS FOLLOWS:

PAYABLE UPON RECEIPT

Dubois #1
C NW SW SW Sec. 33-24-4E
Butler
2795'回 $90.84

NOTE: We also need the following before our file is completed:

_X_	Well Plugging Record (CP-4)
_X_	Well Log
_X_	Well Plugging Application (CP-1)

WELL PLUGGING AUTHORITY

Gentlemen:

This is your authority to plug the above subject well in accordance with the rules and regulations of the state corporation commission.

This authority is void after ninety (90) days from the above date.

_____
Administrator

Don Thompson Box 226 El Dorado, KS 67042 (316) 321-4783

is hereby assigned to supervise the plugging of the above mentioned well.

RETURN PINK COPY WITH REMITTANCE