

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-069-20,243-0000 (of this well).

(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR Theodore I. Leben OPERATOR'S LICENSE NO. 6668

ADDRESS 105 S. Broadway, Suite 640 Wichita, KS PHONE # (316) 264-2375

LEASE (FARM) Collingwood WELL NO. 1-9 WELL LOCATION 67202 C SE NE COUNTY Gray

SEC. 9 TWP. 24 RGE. 29 (E) or (W) TOTAL DEPTH 4900' PLUG BACK TO _____

Check One:

OIL WELL _____ GAS WELL _____ D & A SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8-5/8" SET AT 473' CEMENTED WITH 225 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

5-8-91 MAY 08 1991

RECEIVED
STATE CORPORATION COMMISSION

CONSERVATION DIVISION
WICHITA, KANSAS

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes IS ACO-1 FILED? to be filed
(If not explain.) by operator

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 2:00 a.m. 5-3-91

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Jay Schneider PHONE # (316) 793-8366

ADDRESS P.O. Box 823 Great Bend, KS 67530

PLUGGING CONTRACTOR Duke Drilling Co., Inc. LICENSE NO. 5929

ADDRESS P.O. Box 823 Great Bend, KS 67530 PHONE # (316) 793-8366

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: Jay Schneider
(Operator or Agent)

DATE: May 7, 1991

EFFECTIVE DATE: 4-26-91

15-069-20,243-0000 2

FORM MUST BE TYPED
FORM C-3 4/90

State of Kansas

NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED
ALL BLANKS MUST BE FILLED

Must be approved by the K.C.C. five (5) days prior to commencing well

Expected Spud Date APRIL 23 1991
month day year

C. SE NE Sec 9 Twp 24 S, Rg 29 East West

OPERATOR: License # 6668
Name: THEODORE I. LEBEN
Address: 105 S. BROADWAY, SUITE 640
City/State/Zip: WICHITA, KS 67202
Contact Person: DAVID G. LEBEN/GERALD W. ZORGER
Phone: 316-264-2375

3300 feet from South line of Section
660 feet from East line of Section
(Note: Locate well on Section Plat on Reverse Side)

CONTRACTOR: License # 5929
Name: DUKE DRILLING COMPANY, INC.

County: GRAY
Lease Name: COLLINGWOOD Well #: 1-9
Field Name: WILDCAT

Well Drilled For: Well Class: Type Equipment:
 Oil ... Inj ... Infield Mud Rotary
... Gas ... Storage ... Pool Ext. ... Air Rotary
... OAWO ... Disposal Wildcat ... Cable
... Seismic; ... # of Holes

Is this a Prorated Field? ... yes no
Target Formation(s): MORROW
Nearest lease or unit boundary: 660

If OAWO: old well information as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth _____

Ground Surface Elevation: Est. 2780 feet MSL
Domestic well within 330 feet: ... yes no
Municipal well within one mile: ... yes no

Directional, Deviated or Horizontal wellbore? ... yes no
If yes, total depth location: _____

Depth to bottom of fresh water: 205
Depth to bottom of usable water: 125
Surface Pipe by Alternates: ... 1 2

Exp. 10/20/91

AFFIDAVIT

220' Alt. II Req.

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STATE CORPORATION COMMISSION

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq.

It is agreed that the following minimum requirements will be met:

MAY 06 1991

CONSERVATION DIVISION
Wichita, Kansas

Pusher Jay
SPUD DATE 4-23-91 INIT. CB
LENGTH SURFACE PLANNED 450' of 8 5/8"
RESERVE PIT STATUS- REMOVE FLUID LINED
after salt sect. _____ bbls. when done _____ bbls.
RATHOLED AHEAD? Y _____ N _____ SIZE HOLE
SURFACE PIPE 5 1/2" @ 473 CONDUCTOR
ANHYDRITE T- 798 B-1827 ELEVATION
TD 4900 FORMATION M.S.S
RAN PIPE @ _____ DV TOOL _____ ALT II DONE
_____ SX _____ SX Y _____ N _____
_____ Arbuckle Plug @ _____ Ft. W/ _____ SX
_____ Hug./Council @ _____ Ft. W/ _____ SX
_____ Anhydrite Base @ 1870 Ft. W/ SD SX
_____ 1/2 Base Anhy. @ 900 Ft. W/ SD SX
_____ 1/2, 1/2 Plug @ _____ Ft. W/ _____ SX
_____ Bottom Surface @ 500 Ft. W/ 50 SX
_____ 40' Plug @ 40 Ft. W/ 10 SX
RAT HOLE CIRC/W _____ SX MOUSE HOLE W/ 15 SX
WATER WELL _____ SX (Irr. Well Pond _____)
TECHNICIAN DR DATE 4-29-91 Hauling _____
TYPE OF CEMENT 60-40-670 1/4 F.S.
STARTING TIME 3:00 (AM/PM) DATE 5-3-1991
COMPLETION TIME 5:30 (AM/PM) DATE 5-3-1991
CEMENT COMPANY Fullied Cementing