

LEASE NAME Sleeper D

WELL NUMBER 1

3025 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 5 TWP. 22 RGE. 11 (E) or (W)

COUNTY Stafford

Date Well Completed 1/21/93

Plugging Commenced 1/21/93

Plugging Completed 1/21/93

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR Ainsworth Operating Company

ADDRESS Box 1269, Colorado Springs, Colorado 80901

PHONE# (719) 576-5300 OPERATORS LICENSE NO. 6030

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 1/21/93 (date)

by Duane Rankin (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation none Depth to Top _____ Bottom _____ T.D. 3528

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
surface	sand & water	.0	229	8 5/8	229	0
lime & shale	water	229	3567	4 1/2	3562	1680

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set
Shot off casing @ 1680' Lay down 2 joints & spot 40 sx cement @ 1600'. Lay down rest of the 4 1/2 casing and pumped into 8 5/8 casing with 300# halls, 10 sx gel, 200# halls and 150 sx cement, 60/40 poz 6% gel. ISIP 200#

Name of Plugging Contractor Klima Well Service, Inc. License No. 7023

Address 610 W Front, P.O.Box 386, Claflin Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ainsworth Operating Company

STATE OF Kansas COUNTY OF Sedgwick, ss.

Kent R. Roberts (Employee of Operator) or ~~Operator~~ of

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 as filed the the same are true and correct, so help me God.

(Signature) Kent R. Roberts

(Address) #301 212 N Market, Wichita KS 67202

AND SWORN TO before me this 25th day of January, 19 93

Leta Miller
 Notary Public



RECEIVED
 JAN 26 1993
 KANSAS CORPORATION COMMISSION
 WICHITA, KANSAS
 My Commission Expires: 1-17-96

USE ONLY ONE SIDE OF EACH FORM

1-26-93

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ (owner/company name) KCC LICENSE # _____ (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

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.

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

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ (company name) KCC LICENSE # _____ (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)