

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

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

API NUMBER 15-185-20456-0000

LEASE NAME Aitken

WELL NUMBER 1

1980 Ft. from N Section Line

1320 Ft. from W Section Line

SEC. 16 TWP. 23S RGE. 13W (E) or (W)

COUNTY Stafford

Date Well Completed 08/27/78

Plugging Commenced 12/16/93

Plugging Completed 12/17/93

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

LEASE OPERATOR Basye Well Servicing Company

ADDRESS Box 149, Stafford, KS 67578

PHONE# (316) 234-5235 OPERATORS LICENSE NO. 05670

Character of Well Oil Well

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

The plugging proposal was approved on 12/17/93 (date)

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

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

Producing Formation Kansas City Depth to Top 3530 Bottom 3660 T.D. 3727

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
Kansas City	Oil & Water	3530	3660	8 5/8	324	
				4 1/2	3727	1488 ft.

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
Plugged bottom off with sand and 3 sacks cement to 3200'. Pulled 1488' of 4 1/2" casing.

Allied Cementing pumped down 8 5/8" casing 300 lbs. hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100 lbs hulls, 125 sacks cement, 60-40 6% gel. Pump pressure-500 lbs, shut in pressure - 200 lbs.

Name of Plugging Contractor Basye Well Servicing Company License No. 05670

Address Box 149, Stafford, KS 67578

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marvin D. Basye

STATE OF Kansas COUNTY OF Stafford, ss.

Marvin D. Basye (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 that the same are true and correct, so help me God.

(Signature) Marvin D. Basye

(Address) P. O. Box 149, Stafford, KS 67578

SUBSCRIBED AND SWORN TO before me this 30th day of December, 1993

Wanda F. Volker
Notary Public

My Commission Expires: 11/2/97

USE ONLY ONE SIDE OF EACH FORM



*RECEIVED
NOV 23 1993
STAFFORD, KS*

*Rec'd
1-394*

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 _____ KCC LICENSE # _____
(owner/company name) (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. _____ PBD _____ 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 _____ KCC LICENSE # _____
(company name) (contractor)

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)

RECEIVED
STATE CORPORATION COMMISSION
JAN 03 1994
CONSERVATION DIVISION
Wichita, Kansas