STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM
(please type form and file one copy)

API # 15-185-23102-2000 (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 Leben Corp. (owner/company name)

ADDRESS 105 S. Broadway, Suite 640 (operator's)

CITY Wichita

STATE KS ZIP CODE 67202 CONTACT PHONE # 316 264-2375

LEASE FAIR WELL# 2 SEC.10 T 21 R 11 (east/west)

EAST - S W - NW SPOT LOCATION/0000 COUNTY Stafford

1930 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1170 FEET (in exact footage) FROM E/S (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE ___ SET AT ___ CEMENTED WITH ___ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 263' CEMENTED WITH ___ SACKS

PRODUCTION CASING SIZE 5-1/2" SET AT 343' CEMENTED WITH ___ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: perf: 261'-66'; BP# 260', perf 247'-250' ANHYDRITE DEPTH

1757' T.D. 345' PBTD 260' (G.L)/K.B. (Stone Corral Formation)

CONDITION OF WELL: GOOD X POOR ___ CASING LEAK ___ JUNK IN HOLE ___

PROPOSED METHOD OF PLUGGING Pump 5/8" csq full of cement as per KCC recommendation

(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:

Dick Flaker

ADDRESS 105 S. Broadway, Suite 640 City/State Wichita, KS

PHONE # 316 264-2375

PLUGGING CONTRACTOR Acid Services, LLC KCC LICENSE # 32453

ADDRESS 105 S. Main, Ste. 607 Wichita KS 67202 PHONE # ( )

PROPOSED DATE AND HOUR OF PLUGGING (IF KNOWN) 6-27-02 Plugged

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

DATE: 5/14/02 AUTHORIZED OPERATOR/AGENT: __________________________

(Signature)