

API NUMBER 15-167-02679

LEASE NAME Herb Fink

WELL NUMBER 1

RECEIVED
JAN 08 2004

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

660 Ft. from S Section Line

*1980 Ft. from Section Line

Call to
OP
1-9-04
RJP

KCC WICHITA

LEASE OPERATOR Beredco, Inc.

SEC. 15 TWP. 14S RGE. 14 (E) or (W)

ADDRESS P.O. Box 723 Hays, KS 67601

COUNTY Russell

PHONE (785) 628-6101 OPERATORS LICENSE NO. 5147

Date Well Completed 11-11-42

Character of Well oil

Plugging Commenced 12-2-03

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

Plugging Completed 12-2-03

The plugging proposal was approved on 11-17-03 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filled? yes if not, is well log attached? _____

Producing Formation LKC, GW Depth to Top _____ Bottom _____ T.D. 3308

Show depth and thickness of all water, oil and gas formations. 3310

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
<u>Shul</u>			<u>109</u>	<u>10.75</u>	<u>109</u>	<u>0</u>
<u>Prod</u>			<u>3250</u>	<u>5.5</u>	<u>3250</u>	<u>0</u>

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:
Run opened tbg. to 2056 stacked out. Mix 100 sx 60/40 pos 10% gel.
Pull 42 its to 795. Mix 80 sx 60/40 pos 10% gel. 200# hulls max press 400#
Shut in press 400#. Hook to surface pipe mix 50 sx 60/40 pos 10% gel
50# hulls max press 200# shut in press 200# Witnessed by Cass Morris
KCC Hays

Name of Plugging Contractor Beredco Berexco, Inc. License No. 53635147

Address P.O. Box 723 Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco

STATE OF Kansas COUNTY OF Ellis, ss.

Bob Grant (Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Robert Grant

(Address) P.O. Box 723 Hays, KS

SUBSCRIBED AND SWORN TO before me this 9th day of December, 2003

Marion Sue Vance
Notary Public

My Commission Expires:

