

RECEIVED

JAN 22 2004  
KCC WICHITA

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

FORM CP-1 (3/92)

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

API # 15-185-13187-0000 (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 Berexco, Inc. KCC LICENSE # 5363 <sup>6/84</sup>  
(owner/company name) (operator's)

ADDRESS P.O. Box 723 Hays, KS 67601 CITY Hays

STATE KS ZIP CODE 67601 CONTACT PHONE # (785) 628-6101

LEASE Schlechtermeier WELL# 2 SEC. 7 T. 21S R. 11W (East, West)

SW-NE-NE SPOT LOCATION/QQQQ COUNTY Stafford

4290 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

990 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 8 5/8 SET AT 251' CEMENTED WITH \_\_\_\_\_ SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 3440' CEMENTED WITH \_\_\_\_\_ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: none

ELEVATION 1812/1817 T.D. 3454 PSTD \_\_\_\_\_ ANHYDRITE DEPTH \_\_\_\_\_  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Plugging of this well will be done in accordance w/rules & reg. of the state of Kansas.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes 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:

Bob Grant PHONE# 785 628-6101

ADDRESS P.O. Box 723 City/State Hays, KS

PLUGGING CONTRACTOR Company Tools/Allied Cement KCC LICENSE # 99998  
(company name) (contractor's)

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 1-22-04 Plugged **KCC**

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

DATE: 1-19-04 AUTHORIZED OPERATOR/AGENT: [Signature] 21 2004  
(signature)

