

API NUMBER 15-167-30246-00-00

LEASE NAME Krug

WELL NUMBER A-1

2310 Ft. from N Section Line

330 Ft. from W Section Line

SEC. 17 TWP. 14S RGE. 14 (E) or (W)

COUNTY Russell

Date Well Completed 3-20-06

Plugging Commenced 12-11-03

Plugging Completed 12-12-03

JAN 22 2004

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

KCC WICHITA

LEASE OPERATOR Berexco, Inc.

ADDRESS P.O. Box 723 Hays, KS 67601

PHONE (785) 628-6101 OPERATORS LICENSE NO. 5363

Character of Well oil

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

The plugging proposal was approved on 8-13-03 (date)
 by Herb Deines (KCC District Agent's Name).

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

Producing Formation LKC Quartzite Depth to Top 3052' Bottom T.D. 3329

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
	fbg. 89 ITS			2 7/8		
<u>Sand</u>			<u>600</u>	<u>7.75</u>	<u>600</u>	<u>0</u>
<u>fbg</u>			<u>3329</u>	<u>7.00</u>	<u>3329</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:
Mix 150 SX 60/40 10% gel 900# hulls Pull to 1992' Mix
200 SX 60/40 pos 10% gel 100# hulls Circ cement to surface
Pull fbg. Hook to 7" Mix 30 SX 60/48 pos 10% gel Max Press 700 Shut in
500# Hook to surf pipe Mix 15 SX 60/40 pos 10% gel Max press
500# shut in 500# witnessed by Case Morris KCC Hays

Name of Plugging Contractor Berexco License No. 5363

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 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) Bob Grant

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

SUBSCRIBED AND SWORN TO before me this 19th day of January, 2004

Marion Sue Vance

Notary Public

My Commission Expires: _____

MARION SUE VANCE
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 4-30-06

KCC
 Form CP-4
 Revised 05-88
 JAN 21 2004
 HAYS, KS