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FEB 10 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

15-051-22754-0080
PLEASE TYPE FORM and File ONE Copy)

API # 15-051-22754-0080 (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
(owner/company name) (operator's)

ADDRESS P.O. Box 723 CITY Hays

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

LEASE Christina WELL# 5 SEC. 15 T. 14S R. 17 (East/West)

C SW-NE SPOT LOCATION/QQQQ COUNTY Ellis

3300 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1980 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 252 CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 3634 CEMENTED WITH 125 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3423-26, 3467, 3550-53, 3556-60, 3570-74

ELEVATION _____ T.D. 2007 PBDT 3635 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 & regulations 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:

Curt Gabel PHONE# 785 628-6101

ADDRESS P.O. Box 723 City/State Hays, KS 67601

PLUGGING CONTRACTOR Company Tools KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 2-9-04 plugged

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

DATE: 2-6-04 AUTHORIZED OPERATOR/AGENT: Curt Gabel
(signature)