

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Markel, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

Emergency Plug w/ Rig H/Dermes

API NUMBER 15-109-20061-00-00

LEASE NAME COOK WFL

WELL NUMBER 11X

1320 Ft. from S Section Line

1420 Ft. from E Section Line

SEC. 14 TWP. 11S RGE. 33 (E) or (W)

COUNTY Logan

Date Well Completed 1-29-76

Plugging Commenced 12-21-04

Plugging Completed 12-21-04

KCC
BEM
1-4.05
KBDms
CP2/3

RECEIVED
JAN 03 2005

KCC WICHITA

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

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, SWD, Input, Water Supply Well)

The plugging proposal was approved on _____ (date)
by _____ (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? N/A

Producing Formation LKC Depth to Top _____ Bottom _____ T.D. 4651

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 |
|-----------|---------|------|----|------|--------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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:
Rig up Allied - Pumped 40 sx 60/40 w/200# hulls. Pulled tbg up to 2619'
pump 140 sx w/300# hulls. Pulled tbg up to 1716' mixed 40 sx + circ to suit
TOH w/ tbg. hook up to 4 1/2' + pumped 30 sx to top of hook up to 8 5/8' &
pumped 50 sx down annulus.

Name of Plugging Contractor H-D Oilfield Ser., Inc. License No. _____

Address P.O. Box 87 Bazine, KS 67516

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Mark Leiker (Employee of Operator) or (Operator) o
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) Mark Leiker

(Address) P.O. Box 723 Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 27th day of December, 2004

Marion Sue Vance
Notary Public

KCC
My Commission Expires: 4-30-06
DEC 29 2004
HAYS, KS

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

Form CP-4
Revised 05-88

BW