STATE OF KANSAS WELL PLUGGING RECORD 15-065-00647-00-01 K-A-R--82-3-117 API NUMBER 2-1-79 STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kamsas 67202 LEASE NAME Best TYPE OR PRINT WELL NUMBER NOTICE: Fill out completely and return to Cons. Div. _____ Ft. from S Section Line office within 30 days. NE NE NE Ft. from E Section Line LEASE OPERATOR_ Berexco, Inc. SEC. $\frac{7}{1}$ TWP. $\frac{7}{1}$ RGE. $\frac{25}{1}$ (E) or (W) ADDRESS Box 723 Hays, Kansas 67601 COUNTY Graham PHONE (913) 628 6101 OPERATORS LICENSE NO. 5363 Date Well Completed 2-1-79 Character of Well _SWD/INJ Plugging Commenced _____11-30-94 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 11-30-94 (etsb) Carl Goodrow _____ (KCC District Agent's Name). Is ACO-1 filed?______If not, is well log attached?____ Producing Formation Depth to Top Bottom T.D. 3880 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 Surface 252 8 5/8 . 0 Casing Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from feet to feet each se Cement pump 50 sk. 60/40 cement with 10% gel with 150# hulls. Shut in 150# PSI. Casing pump 275 sk 60/40 cement with 10% gel with 350# hulls. Shut in 1000# PSI. Name of Plugging Contractor Berexco, Inc. License No. 5363 Address Box 723 Havs, Kansas 67601 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc. STATE OF Kansas COUNTY OF Fllis Mr. Ted Crawford (Employee of Operator) or (Operator) < 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)___ NOTARY PUBLIC-State of Kansas

NOTARY PUBLIC-State of Kansas

SUBRESEMBER SMANN TO before me this ______ day of Neuralin. 19 94 (Address) 19717 My Appt. Exp. <u>\$21-1995</u> Notary Pupilitation 5-12 5-1-1995 USE ONLY ONE SIDE OF EACH FORM

DECO Revised Nos-82