

API NUMBER 15 065 20862 -00-00

LEASE NAME Elmer

WELL NUMBER 1

 Ft. from S Section Line

NW 1/4 Ft. from E Section Line

SEC. 7 TWP. 7 RGE. 25 (E) or (W)

COUNTY Graham

Date Well Completed 10-10-76

Plugging Commenced 11-30-94

Plugging Completed 11-30-94

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

LEASE OPERATOR Berexco, Inc.

ADDRESS Box 723 Hays, Kansas 67601

PHONE#(913) 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 11-30-94 (date)

by 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. 3865

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	0	252	8 5/8		None
	Casing	0	3864	4 1/2		None

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 plugs were used, state the character of same and depth placed, from feet to feet each section.
Perforated at 1350 and 2130'. Rig up Allied pump 50 sk. 60/40 cement with 10% gel with 100# hulls 100# PSI. Casing-pump 200 sk. 60/40 cement with 10% gel with 400# hulls. 250# Max. PSI. Shut 100# PSI.

Name of Plugging Contractor Berexco, Inc. License No. 5363

Address Box 723 Hays, Kansas 67601

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

STATE OF Kansas COUNTY OF Ellis, ss.
Mr. Ted Crawford

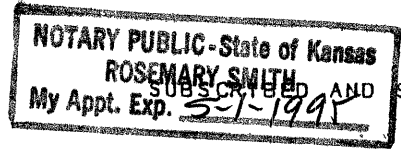
(Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed th the same are true and correct, so help me God.

(Signature) Ted Crawford

(Address) Box 723 Hays, KS 67601

Subscribed and sworn to before me this 6th day of November, 19 94

Rosemary Smith
Notary Public



My Commission Expires: 5-1-1995

USE ONLY ONE SIDE OF EACH FORM

Recd
12-8-94