

15-000-01312-00-00

API NUMBER 4/56

LEASE NAME Moore

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

WELL NUMBER 1

4280 Ft. from S Section Line

2970 330 Ft. from W Section Line

SEC. 18 TWP. 7 RGE. 25 (E) or (W)

LEASE OPERATOR Beren Corp.

ADDRESS Box 723 Hays, Kansas 67601

PHONE# (913) 628 6101 OPERATORS LICENSE NO. 5364

Character of Well Oil

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

COUNTY Graham

Date Well Completed 4/56

Plugging Commenced 11-2-94

Plugging Completed 11-2-94

The plugging proposal was approved on 11-2-94 (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. 3905

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	275	8 5/8		
	Casing	()	3912	5 1/2		

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 set.
Set backer 28' from surface to shut off gas. Mercury perf. 1375' from surface. Rig up Allied plug well with 80 sk. 60/40 cement 10% del 50# hulls. Max. PSI 200 Shut in 200#. Mix 220 sk. 60/40 with 10% del with 5 sks. hulls. down 5 1/2. Max. PSI 400#. Shut in 100#.

Name of Plugging Contractor Beren Corp. License No. 5364

Address Box 723 Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Beren Corp.

STATE OF Kansas COUNTY OF Ellis, ss.

Mr. Ted Crawford (Employee of Operator/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.

NOTARY PUBLIC-State of Kansas
 ROSEMARY SMITH
 My Appt. Exp. 5-1-1995

(Signature) Ted Crawford

(Address) Box 723 Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 14 day of November, 19 94

Rosemary Smith
 Notary Public

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires: 5-1-1995

RECEIVED
 STATE CORPORATION COMMISSION
 NOV 15 1994
 11-15-94