Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## **WELL PLUGGING RECORD** K.A.R. 82-3-117

RECEIVED
Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
KCC WICHITAI blanks must be Filled

Lease Operator:_Berexco, INC.							65-01440-00-00
Address: PO Box 723 Hays, KS 67601					Lease Name: Sutor B		
Phone: (785 ) 628 -6101 Operator License #: 5363					We	Il Number:	KCC
Type of Well: Oil Docket #:					Spo	ot Location (QQQQ):	NE - SW - SE \$18106
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)					990 Feet from North / South Section Line		
The plugging proposal was approved on: 7-25-06 (Date)							East / West Section Line
by: Jay Pfeifer (KCC District Agent's Name)					Sec. 18 Twp. 9 S. R. 21 ☐ East ✓ West		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Graham		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 1-12-51		
ARB Depth to Top: 3843 Bottom: 3846 T.D. 3846					Plugging Commenced: 7-25-06		
·	Bottom: T.D			Plugging Commenced:			
	Depth to Top:	Bottom	: T.I	D	Plu	Plugging Completed: 7-26-06	
Show depth and thickness	of all water, oil and gas	formations.			<u> </u>		
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)							
Formation	Content	From	То	Size		Put In	Pulled Out
ARB	oil	0	164	8-5/8		1-12-51	-
		0	3843	5-1/2		1-12-51	-
		0	1783	4-1/2		1-12-51	_
	ting. 5-1/2x4-1/2 and	ulus full of c	ement @ sı	urface. Tie	on to	8-5/8 surface pi	pe. Press to 300#, held. 00#. Shut in casing w/ 100#.
Name of Blugging Control	Berexco, INC.				and the second s	License #: 5363	
Address: PO Box 723			Rass				
Name of Party Responsible for Plugging Fees: Dennis Kirmer Berexco							
State of KS County, Ellis , ss. KCC 8/8/06 PKT  Pershang Coper)							
				_ (Employee of	Opera	ator) or (Operator) on	above-described well, being first duly
		facts statemen	ts, and matters	s herein contain	ned, a	and the log of the abo	ove-described well is as filed, and the
same are true and correct,	•		0	9.	2	6	
		(Signature)	Ne		•	imez	
(Address) PO Box 723 Hays, KS 67601							
SHANNA MILLER NOTARY PUBLIES OR IBED and SWORN To before me this 4 day of August , 20 06 STATE OF KANSAS My Appt. Exp? 19-09 My Appt. Exp? 19-09 My Commission Expires: 9-19-09							
The second secon	- Lunna	Notary Pub	lic .	My	Com	mission Expires:	-19-09

