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

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

Lease Operator: Berexco, Inc.					API Number: 15 - 065 - 01437 - 00 - 00		
Address: PO Box 723 Hays, KS 67601					Lease Name: Sutor B		
Phone: (785) 628 -6101 Operator License #: 5363					Well Number: 4		
Type of Well: Oil Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Oocket #: (If SWD or ENHR)					Spot Location (QQQQ): NW - NE - SE - PKT A A A A A A A		
The plugging proposal was approved on: 10-31-06 (Date)					990 Feet from VEast / West Section Line		
by: Jay Pfeifer (KCC District Agent's Name)							East ✓ West
Is ACO-1 filed? Yes V No If not, is well log attached? Yes V No					County: Graham		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Complete	5-29-50	
L-KC A Depth to Top: 3486 Bottom: 3491 T.D. 3792					Plugging Commenced:		
L-KC B Depth to Top: 3526 Bottom: 3530 T.D. 3760					11-6-06		
L-KC I	L-KC I Depth to Top: 3642 Bottom: 3645 T.D.				Plugging Completed: 11-6-06		
Show depth and thickness of	of all water, oil and gas	formations.					
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)							
Formation	Content	From	То	Size	Put In	Pulled Out	
L-KC	OIL	0	3784'	5 1/2	5-29-50	and .	
		0	161'	8 5/8	5-29-50		
- MANAGEMENT AND							
Describe in detail the manne hole. If cement or other plu 10/31/06 Fluid level 1150' fs	gs were used, state the	character of s	ame depth pla	ced from (botte	om), to (top) for each p	olug set.	-
in first 70 sxs. Circ cmt to	surface in 5-1/2 x 8-5/8	3 annulus - shu	ut in surface pi	ipe max pressi	ure 500#. Shut in 20 n	ninutes - pressure fe	ell away to vaccum.
Take swage off 5-1/2 csg.	Top off 5-1/2 w/ 25 sxs	cmt. Surface	pipe stayed fu	ıll. 11/6/06 tie	on to 5-1/2 csg mix 4	0 sxs 60/40 poz 10%	6 gel to top off csg.
pressured to 150# - he	eld. Hook up 5-1/2	x 8-5/8 ann	ulus. Mix 5	sxs 60/40 p	oz 10% gel. Press	ured to 300# - h	eld. Moved off.
Name of Plugging Contractor: Berexco, Inc.					License #: 5363		
Address: PO Box 723 Hays, KS 67601							
Name of Party Responsible for Plugging Fees: Berexco, Inc Dennis Kirmer							
State of KS	County, _	Ellis		_ , SS.			
DENNIS K	IRMER			(Employee of	Operator) or (Operator	r) on above-describe	d well, being first duly
sworn on oath, says: That I		facts statemen	its, and matter				
same are true and correct, s	•	(Signature)	Nen	no Hi	t rnej		
		(Address)	o Bax	723	days KS	67601	
SHANNA NOTARY	PUBLIC SCRIBED and S	WORN TO bet	fore me this 🥏	\day of	<u> Wovember</u>		, <u>2006</u>
STATE OF My Appt. Exp.	L SAGMAN	arua M	eller		Commission Expires:	9/19/09	RECEIVED
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