STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 1-5-51

LEASE NAME Cooley B

	TYPE OR P	RINT
NOTICE:	FIII out	completely
		Cons. Div.
offl	ce within	30 days.

Ft. from S Section Line

			-		NE SW NE	Ft. from E	Section Line	
LEASE OPERATORBerexco, Inc.					SEC. 17 TWP. 9 RGE. 21 (E) or			
ADDRESS Box 723 Hays. Kansas 67601					COUNTY	Graham	and the state of 	
PHONE# (913 628 6101 OPERATORS LICENSE NO5363					Date We	II Completed	1-5-51	
Character of Well Oil					Plugging Commenced 3-12-92			
(OII, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 3-12-92		
The plugging prop	osal was approve	d on	3-12-92				(etab)	
by Marion Schmidt						C D istri ct Ag	ent's Name).	
Is ACO-1 filed?							*	
Producing Formati	on	Depth	to Top		Botto	omT.D	• 3728	
Show depth and th							HETE SEATON STATE OF THE SEATON SEATO	
OIL, GAS OR WATE	R RECORDS	. 1	-	CASI	NG RECOF	≀n		
Formation								
FORMATION	Content					Pulled out	•	
	Surface			5/8		None		
	Casing	3	51/21	<u> </u>		_None		
			-					
Describe in detai placed and the m	i,The manner in wethods	thich the we used in into	ii was piug roducina i:	gged, t into	indicati the bol	ng where the	mud fluid wa	
ere used, state Perf. 955 2 hole	the character	of same an	d depth p	lącec,	from	feet to	eet_each_set	
ull tubing up to	S 1715 2 notes	Run tubing Osk. 60740	0 3608'.	M1X	150 SK.	50/40 pos, 8	% gel, 300# hu	
est of tubing.	Hook to 8 5/8 and	d mix 50 sk.	60/40 nos	8%	nel Pr	ace to 500#	CID 300#	
(If ad	ditional descript	lon is nece	SSARV. USA	BACK "	of this	3000		
(If adame of Plugging	Contractor	Rerexco.	Inc	D11 011		. Ann	SIP 300#.	
ame or Frugging	Contractor	Derexeos		Palifornia ()		I cense No.	1000	
ddress <u>Box</u>	723 Hays, Ķansa	s 67601		1700) -700-700-700-700 +);n		19/9)	
AME OF PARTY RESI	PONSIBLE FOR PLUG	GING FEES:	Berexc					
TATE OF Kans	as	COUNTY OF	Ellis			,55.	•	
Mr. Ted	Crawford	· ·		#()###################################		•		
bove-described we	ell, being first	duly sworn o	on oath, sa	.ve. '"	h=+ h=	vo knowlades	r (Operator) o	
tatements, and he same are true	muliols nelell t	COULTAINAN MAA	1 TOB 100 0	of th⊕	aboye-d	escribed yel	as filed tha	
	and correct, so	naib we cod.	(Signatu	ırə)	Toll (11 m Son		
	And the second s	NAME OF THE OWNER OWNER OF THE OWNER OWNE		7	Part 1	27 1/	1/2/1/21	
	NOTARY PUBLIC -	State of Kansas	(Address		15/1/ /	es you	100100	
•	SUBSCRIBEROSMARM	SMNHTO befor	e me this	$\Delta L'$	day o	1 // // /all	W 119 92	

My Appt. Exp. 5-1-1995

My Commission Expires:___

Form CP-4 Revised 05-8