

15-065-02567-00-01

WELL PLUGGING APPLICATION FORM

(PLEASE TYPE FORM and File ONE Copy)

API # N/A D 04090 ^{Sup. 6/1954 4/49-Any hole} (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Berexco Inc. KCC LICENSE # 5363497
(owner/company name) (operator's)

ADDRESS Box 723 CITY Hays

STATE Kansas ZIP CODE 67601 CONTACT PHONE # (913) 628-6101

LEASE Cox A WELL # 2 SEC. 26 T. 09 R. 21 (East/West)

SE-SE-NEX- SPOT LOCATION/QQQQ COUNTY Graham

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL X DOCKET# D 04090

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 217 CEMENTED WITH 135 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 382 CEMENTED WITH 100 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. 3885 PBDT _____ ANHYDRITE DEPTH 1712
(G.L./K.B.) (Corral Formation)

CONDITION OF WELL: GOOD X POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING Plugging will be done in accordance with the rules & regulations of the KCC.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Mr. Ted Crawford PHONE # 913 628-6101

ADDRESS Box 723 City/State Hays, KS. 67601

PLUGGING CONTRACTOR Berexco Inc. KCC LICENSE # 5363497
(company name) (contractor's)

ADDRESS Box 723 Hays, KS. 67601 PHONE # 913 628-6101

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) ASAP.

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 8-8-96 AUTHORIZED OPERATOR/AGENT: Ted Crawford
(signature)

RECEIVED
KANSAS CORPORATION COMMISSION

8/12/96
AUG 12 1996

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Kansas Corporation Commission

Bill Graves, Governor Timothy E. McKee, Chair Susan M. Seltsam, Commissioner John Wine, Commissioner
Judith McConnell, Executive Director David J. Heinemann, General Counsel

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

August 12, 1996

Berexco Inc
P O Box 723
Hays KS 67601

Cox A #1
API 15-N/A
SE SE NE/4
Sec. 26-09S-21W
Graham County

Dear Mr. Ted Crawford,

This letter is to notify you that the Conservation Division is in receipt of your plugging proposal, form CP-1, for the above-captioned well.

Your CP-1 has been reviewed by the Conservation Division central office for completeness and to verify license numbers. The plugging proposal will now be forwarded to the district office listed below for review of your proposed method of plugging.

Please contact the district office for approval of your proposed plugging method at least at five (5) days before plugging the well, pursuant to K.A.R. 82-3-113 (b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well.

This notice in no way constitutes authorization to plug the above-captioned well by persons not having legal rights of ownership or interest in the well. This notice is void after ninety (90) days from the above date.

Sincerely,

A handwritten signature in cursive script that reads "David P. Williams".

David P. Williams
Production Supervisor

District: #4
2301 E 13th
Hays KS 67601
(913) 628-1200