

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CP-1  
September 2003  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy



15-065-20032-00-00

API # 15-065-19120-00-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date 4-18-67

Well Operator: Berexco, Inc. (Owner / Company Name) KCC License #: 5363 (Operator's)

Address: PO BOX 723 City: HAYS

State: KS Zip Code: 67601 Contact Phone: (785) 628-6101

Lease: KNOLL Well #: D-1 Sec. 32 Twp. 8 S. R. 25  East  West

W/2 - NW - NE - Spot Location / QQQQ County: GRAHAM

\_\_\_\_\_ Feet (in exact footage) From  North /  South (from nearest outside section corner) Line of Section (Not Lease Line)

\_\_\_\_\_ Feet (in exact footage) From  East /  West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One:  Oil Well  Gas Well  D&A  Cathodic  Water Supply Well  
 SWD Docket # \_\_\_\_\_  ENHR Docket # \_\_\_\_\_  Other: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

Surface Casing Size: 8-5/8 Set at: 204' Cemented with: 75 Sacks

Production Casing Size: 4-1/2 Set at: 3978' Cemented with: 125 Sacks

List (ALL) Perforations and Bridgeplug Sets: PERF B 3759-63, H 3855-60, TOC 3370

Elevation: 2450 ( G.L. /  K.B.) T.D.: \_\_\_\_\_ PBDT: 3933 Anhydrite Depth: \_\_\_\_\_ (Stone Corral Formation)

Condition of Well:  Good  Poor  Casing Leak  Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): THE PLUGGING OF THIS WELL WILL BE DONE IN OCCORDANCE WITH THE RULES AND REGULATIONS OF THE STATE OF KANSAS.

Is Well Log attached to this application as required?  Yes  No Is ACO-1 filed?  Yes  No

If not explain why? NA

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: MARK LEIKER W/ BEREXCO, INC.

Phone: (785) 628-6101

Address: PO BOX 723 City / State: HAYS, KS

Plugging Contractor: BEREXCO, INC. (Company Name) KCC License #: 5363 (Contractor's)

Address: PO BOX 723 HAYS, KS 67601 Phone: (785) 628-6101

Proposed Date and Hour of Plugging (if known?): \_\_\_\_\_

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 2-7-07 Authorized Operator / Agent: Mark Leiker (Signature)

RECEIVED  
FEB 12 2007