Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1 March 2009 This Form must be Typed Form must be Signed All blanks must be Filled

APINO. 15- 4 165-20088-00 OM OPERATOR: License #: 05363 Name: ____Berexco, Inc._ If pre 1967, supply original completion date: 12/67 Spot Description: SE NE SW Address 1: P.O. Box 723 _____ Sec. 32_ Twp. 16 S. R. 19 | East West 3.630 1649 Feet from North South Line of Section Address 2: P O Box 20380 Wichita KS 67206 City: Hays State: KS Zip: 67601 + 2,310 312 7 Feet from VEast PW West Line of Section RECEIVED Contact Person: __Mark_Lieker___ Footages Calculated from Nearest Outside Section Corner: Phone: (785_) _628-6101__ NE NW SE SW APR 2 3 2009 County: Rush Lease Name: Ohnmacht well #: 7 KCC WICHITA Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: _ ENHR Permit #: Gas Storage Permit #: ____ Conductor Casing Size: N/A _____ Set at: _N/A _____ Cemented with: Surface Casing Size: 8 5/8 _____ Set at: 147 __ Cemented with: __135 sks circ. Sacks Cemented with: _75 sks Sacks Production Casing Size: 4 1/2 _____ Set at: 3798 List (ALL) Perforations and Bridge Plug Sets: Elevation: 2066 (G.L/, K.B.) T.D.: 3805 PBTD: N/A Anhydrite Depth: 1220 (Stone Corral Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: 1280 Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application? Yes Vo No Is ACO-1 filed? Yes No If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seg. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Mark Leiker Address: P O Box 723 ______ city: Hays______ state: _KS__ zip: _67601___ + Phone: (785) 628-6101 Plugging Contractor License #: 05363 Name: Berexco, Inc. Address 1: P.O. Box 723 ______ Address 2: P O Box 20380 Wichita KS 67206 City: Hays State: KS Zip: 67601 + Phone: (.785_) _628-6101__ Proposed Date of Plugging (if known): 4-14-09 08:30 pm Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Date: 4/16/09 Authorized Operator / Agent: Mail Juli-JUST,

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* well Plugging-KCC-PKT