STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15 195 20.945-00-00 200 Colorado Derby Building LEASE NAME Christopher Wichita, Kansas 67202 WELL NUMBER 1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. Ft. from S Section Line office within 30 days. SW SW NW Ft. from E Section Line LEASE OPERATOR _____ Beren Corp. SEC. 13 TWP. 12 RGE. 21 (E)or(W) **COUNTY** Trego ADDRESS Box 723 Hays, Kansas 67601 PHONE# (913) 628 6101 OPERATORS LICENSE NO. ____5364 Date Well Completed Plugging Commenced 4-22-94 Character of Well Oil (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4-22-94 The plugging proposal was approved on ______4-22-94 (date) (KCC District Agent's Name). by Carl Goodrow Is ACO-1 filed?_____If not, is well log attached? Producing Formation ______ Depth to Top_____ Bottom ______ T.D. 4016 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From To Size Put In Pulled out 370 Surface 8 578 None 4001 None Casing Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plus were used, state the character of same and depth placed, from feet to feet each se-Plug with 265 sk. 65/35 pos, 10% gel, 500# hulls casing 250 sk. Max. pressure 1000# Shut in 200#. Annulus 15 sk. Max. pressure 300#. Shut in 300# -____ Name of Plugging Contractor Berexco, Inc. License No. 5363 Address Rox 723 Hays, Kansas 67601 Beren Corp. NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STATE OF Kansas County OF Ellis Mr. Ted Crawford (Employee of Operator) or (Operator) c above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as/filed the the same are true and correct, so help me God. (Signature) led (waws The second secon NOTARY PUBLIC - State of Konsos . (Address) ROSEMARY SWITTE My Appt. Exp. 5-1-1995 SUBSCR+BED AND SWORN TO before me this 21 day of Capril Sinemany Dr. Notafy Public 5-1-1995 USE ONLY ONE SIDE OF EACH FORM CONSERVATION DIVISION

Wichita Kanana