Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:05363					APINO. 15- 065-01899-0000						
Name: Berexco, Inc.				Spot Description:							
Address 1:P.O. Box 723				SE_SE_NW Sec. 6 Twp. 10 S. R. 25 East							
Address 2: P. O. Box 20380, Wichita, KS 67206											
City: Hays Contact Person: Mark Leiker Phone: (785) 628-6101 Type of Well: (Check one) Oil Well Gas Well G											
									Completed: 7-10		20-1
										proved on: 9-8-09	(Date)
								by: Darrell Dipman (KCC District Agent's Name)			
								3906 Depth to Top: 3908 Bottom: 4038' T.D. 4044			
				3970 Depth to Top: Bottom: T.D				Plugging Completed: 11/04/2009			
				4000 Depth to Top: 4003 Bottom:T.D				33 3 0 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
				Show depth and thickness of	all water, oil and cas form	nations					
Oil, Gas or Water Records Casing Record (Surface, Conductor & Production)											
Formation	Content	Casing	Size	100010 100110	Setting Depth	Pulled Out					
KCE	2'	Surface	0.5/0								
KC H	2'	Surface	8 5/8		203'	None					
		Production	5 1/2		4038'	None					
_KC_I	3'										
KC K	6'						Ì				
CIBP at 4020', CIE 60/40 4% gel w/30 surface. TOH w/tb psi, shut in at 200#	BP at 3990', Perl 0# hulls. Pull th og, tie onto 5 1/2	f same depth placed from (bit f 2200' and 1350', og to 2400', pump l, squeeze 145 sk:	ottom), to ; , TIN w 125 sk s 60/4(itop) for each vith oper ss 60/40) 4% gel	plug set. n ended tbg. t 4% ael w/100	o 3200', pump 1 O# hulls, circ cer	150 sks				
Plugging Contractor License #:Name:Name:				Berexco, Inc.							
Address 1: P.O. Box 723 Addres				s 2: P. O. Box 20380, Wichita, KS 67206							
City: Hays				State: KS zip: 67601 +			_+				
Phone: (785) 628-61	01			-							
Name of Party Responsible fo	r Plugging Fees: <u>Bere</u>	xco, Inc.					/				
State of Kansas County, Sedgwick				_ , ss.			40				
Mark Leiker (Print Name)					Employee of Operator or Operator on above-described well,						
being first duly sworn on oath, the same are true and correct,	says: That I have knowled	dge of the facts statements, a	and matter				is as filed, and				
Signature:	But			1			NOV 1 0 2009				
	Mail to: KCC - Con	servation Division, 130 S	. Market	Room 207	8. Wichita Kanese	67202	10 200				