

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15 065 20582-0000 (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 Bureau Inc. KCC LICENSE # 5363 6/99
(owner/company name) (operator)

ADDRESS Box 723 CITY Hayes

STATE Kansas ZIP CODE 67601 CONTACT PHONE # (785) 628-6101

LEASE Custer 2 WELL# 2 SEC. 18 T. 10S R. 25 (East/West)

NW-SW-NW SPOT LOCATION/QRQR COUNTY Graham

_____ FEET (in exact footage) FROM S/H (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 _____ DEA _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 260 CEMENTED WITH 160 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS AND BRIDGEPLUG SETS: 2180-DU-400 thru cur. to cello 3836-39 3847-50

ELEVATION 2525 T.D. 4060 PBD 4027 ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ 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. Dennis Kramer PHONE# (785) 628-6101

ADDRESS Box 723 City/State Hayes, Ks. 67601

PLUGGING CONTRACTOR Bureau Inc. KCC LICENSE # 5363 6/99
(company name) (contractor's)

ADDRESS Box 723 Hayes, Ks. 67601 PHONE # (785) 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: 7/9/98 AUTHORIZED OPERATOR/AGENT: Dennis Kramer
(signature)



Kansas Corporation Commission

Bill Graves, Governor John Wine, Chair Susan M. Seltsam, Commissioner Cynthia L. Claus, Commissioner

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

July 15, 1998

Berexco, Inc.
PO Box 723
Hays, Ks. 67601

Custer 2 #2
API 15-06520582 -0000
NW SW NW
Sec. 18-10S-25W
Graham County

Dear Berexco,

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, appearing to read "David P. Williams".

David P. Williams
Production Supervisor

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