

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

3/71

API # 15-065-29416 (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 Beren Corp. KCC LICENSE # 5364
(owner/company name) (operator's)

ADDRESS Box 723 CITY Hays

STATE Kansas ZIP CODE 67601 CONTACT PHONE # (913) 628 6101

LEASE Brunhardt A WELL# 5 SEC. 22 T. 10 R. 25 (East/West)

SW NW SW SPOT LOCATION/QQQQ COUNTY Graham

_____ FEET (in exact footage) FROM S/N (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 _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 315 CEMENTED WITH 265 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4079 CEMENTED WITH 125 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3819-23 3870-72 3870-81 3910-12 3973-78 3995-4000

ELEVATION 4012-17 Casing lk. 2408-38 150 sks.
(G.L./K.B.) T.D. 4080 PBD 4064 ANHYDRITE DEPTH 2187-2224
(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 and regulations of the Kansas Corporation Commission.

(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:
Berexco, Inc. PHONE# (913) 628 6101

ADDRESS Box 723 City/State Hays, Kansas 67601

PLUGGING CONTRACTOR Berexco, Inc. KCC LICENSE # 5364
(company name) (contractor's)

ADDRESS Box 723 Hays, Ks. 67601 PHONE # (913) 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: 1-10-04 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

STATE CORPORATION COMMISSION
RECEIVED
JAN 27 1904
CONSERVATION DIVISION
WICHITA, KANSAS