

**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**

OPERATOR: License #: 34318
Name: Berexco, L.L.C.
Address 1: P. O. Box 723
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Robert Grant
Phone: (785) 628-6101

API No. 15 - 159-19153-00-01
If pre 1967, supply original completion date: 1-24-64
Spot Description: _____
SE SW NW Sec. 2 Twp. 21 S. R. 9 East West
2310 3026 Feet from 27 North South Line of Section
990 4428 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rice
Lease Name: Gillen OWWD Well #: 3

*See
4/16/09
Per
4/17/09*

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 200' Cemented with: 175sx Sacks
Production Casing Size: 5 1/2" 14# Set at: 3454 Cemented with: 200sx Sacks

List (ALL) Perforations and Bridge Plug Sets:
3290 CIBP w/2 sx cement. 2938-2944 L-KcB. Simpson Perfs 3342-58. 5 1/2 14# LOCKSET @ 2900'.

Elevation: 1678 (G.L. / K.B.) T.D.: 3683 P.BTD: 2900 Anhydrite Depth: _____
(Stone Corral Formation)
Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)
Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes 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. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Robert Grant
Address: P. O. Box 723 City: Hays State: KS Zip: 67601 + _____
Phone: (785) 628-6101
Plugging Contractor License #: 34318 Name: Berexco, L.L.C.
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): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 4-12-10 Authorized Operator / Agent: Robert Grant (Signature)
KCC WICHITA

*See
4/17/09*



CORPORATION COMMISSION

Mark Parkinson, Governor Thomas E. Wright, Chairman Joseph F. Harkins, Commissioner

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

BEREXCO LLC
PO BOX 20380
WICHITA, KS 67208-1380

April 19, 2010

Re: GILLEN OWWO #3
API 15-159-19153-00-01
2-21S-9W, 3026 FSL 4428 FEL
RICE COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least 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 in accordance with K.A.R. 82-3-600.**

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 well by persons not having legal rights of ownership or interest in the well.

This notice is void after October 16, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

District: #2
3450 N. Rock Road, Suite 601
Wichita, KS 67226
(316) 630-4000

Sincerely

Steve Bond
Production Department Supervisor