

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-62-3-117

JAN 03 2003

API NUMBER 15-167-04772-00-00

LEASE NAME Kortan

WELL NUMBER 4 SWD

1000 Ft. from  Section Line

365 Ft. from E Section Line

SEC. 20 TWP. 11 RGE. 15 (E) or (W)

COUNTY Russell

Date Well Completed \_\_\_\_\_

Plugging Commenced 10-22-02

Plugging Completed 10-25-02

1-9-03  
JAN 09 2003

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR Berexco, Inc.

ADDRESS P.O. Box 723, Hays, KS 67601

PHONE: (785) 628-6101 OPERATORS LICENSE NO. 5363

Character of Well SWD

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on \_\_\_\_\_ (date)

by Case Morris (KCC District Agent's Name).

Is ACO-1 filed? \_\_\_\_\_ If not, is well log attached? \_\_\_\_\_

Producing Formation Arbuckle Depth to Top 3300' Bottom 3375' T.D. 3375'

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
	Surf. CSG.	0	130'	8 5/8		0
	Prod. CSG.	0	3381	5 1/2		0

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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.  
Run 2 3/8 tbg. & notched collar tag @ 208 turned w/tongs, went thru. Tag @ 570 clean out to 946. Rigup Allied. Mix 160 SX 100/80 pos 10% gel circ. cement to surf. Pull tbg. 1 box to 5' 1/2. Mix 50 SX circ to surf. on 8 5/8 shut in 8 5/8. Mix 115 SX 400 # hulls pump down 5 1/2 max press 700 # shut in 400 # Witnessed by Case Morris of KCC, Hays, KS

Name of Plugging Contractor Berexco, Inc. License No. 5363

Address P.O. Box 723, Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc.

STATE OF ~~KS~~ Kansas COUNTY OF Ellis, ss.

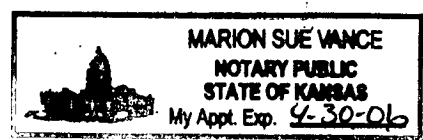
Robert Grant (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Robert Grant  
(Address) P.O. Box 723, Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 2nd day of January, 2003

Marion Sue Vance  
Notary Public

My Commission Expires: 4-30-06



Form CP-1  
Revised 05-88

OR