

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-007-21,155-0000

LEASE NAME McNally

TYPE OR PRINT

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

WELL NUMBER 1
_____ Ft. from S Section Line
_____ Ft. from E Section Line

LEASE OPERATOR Beren Corporation

SEC. 8 TWP. 35 RGE. 12 ~~XXXX~~ (W)

ADDRESS Box 723, Hays, KS 67601

COUNTY Barber

PHONE# (913) 628-6101 OPERATORS LICENSE NO. 5364

Date Well Completed _____

Character of Well Good

Plugging Commenced 10/21/96

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

Plugging Completed 10/24/96

The plugging proposal was approved on 10/21/96 (date)

by Kevin Strubber (KCC District Agent's Name).

Is ACO-1 filed? yes If not, Is well log attached? _____

Producing Formation Miss Depth to Top 4863 Bottom 4870 T.D. 4888

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 |
|-----------|---------|------|----|-------|--------|---------------|
| | | | | 16" | 105 | None |
| | | | | 8 5/8 | 408 | None |
| | | | | 5 1/2 | 4878 | 3600 (approx) |

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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each section. Lay down rods and tubing, sand well back to 4760, dump 5sx portland cement with dump bailer, stretch and cut casing at 3600, lay down 5 1/2 casing, Allied pump 300 hulls, 10 jell, 50sx cement, 100 hulls, 8 5/8 wiper plug, 100sx cement, 60/40 6%jel

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Beren Corp.

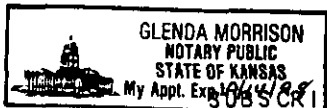
STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator)

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

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 28 day of October, 1996

Glenda Morrison
Notary Public

My Commission Expires: 10/14/98