

15-007-20944-0000

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

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

API NUMBER 7-29-80

LEASE NAME L-J

WELL NUMBER 1

990 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 8 TWP. 355 RGE. 12 (X) or (W)

COUNTY Barber

Date Well Completed 7-29-80

Plugging Commenced 1-30-89

Plugging Completed 2-6-89

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

LEASE OPERATOR Beren Corporation

ADDRESS Box 723 Hays, Ks. 67601

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

Character of Well Oil

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? Dodge City, Ks.

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4879

Show depth and thickness of all water, oil and gas formations.

RECEIVED
STATE CORPORATION COMMISSION
2-10-89
FEB 10 1989

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	417	0
				5 1/2	4878	3500

CONSERVATION DIVISION
Wichita, Kansas

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 set.

Sand 4879 to 420 - 5 sacks cement pulled casing. Pump in 4 sacks Hull - 10 sacks gel - 50 sacks cement - 1- gel - 1 sack Hull - plug 160 sacks cement.

60-40 POZ - 2% C.C. - 2% gel Puffer and E. Morgenstern on location
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

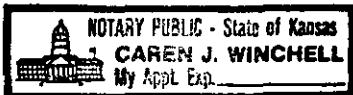
Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. COUNTY OF Barber, ss.

(Employee of Operator), (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 that the same are true and correct, so help me God.

(Signature) Elmer A. Morgenstern

(Address) Box 187 Medicine Lodge, Ks. 67104



SUBSCRIBED AND SWORN TO before me this 8 day of February, 19 89

Caren J. Winchell
Notary Public

My Commission Expires: June 21, 1991