

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

FORM CP-1
Rev. 03/92

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

API # 15-189-22254-0000 (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 BEREXCO, INC KCC LICENSE # 5363
(owner/company name) (operator's)
ADDRESS 100 N. BROADWAY SUITE 970 CITY WICHITA
STATE KANSAS ZIP CODE 67202 CONTACT PHONE # (316) 265-3311
LEASE BETTY L WELL# 1-26 SEC. 26 T. 32 R. 37 (East/West)
- SW - NE - NW SPOT LOCATION/QQQQ COUNTY STEVENS

4290 FEET (in exact footage) FROM (S)/N (circle one) LINE OF SECTION (NOT Lease Line)
3630 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 1748 CEMENTED WITH 775 SACKS
PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____
ELEVATION 3118/3130 T.D. 6475 PBDT 0 ANHYDRITE DEPTH 1710'
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR _____ CASING LEAK _____ JUNK IN HOLE _____
PROPOSED METHOD OF PLUGGING PLUG WITH 100 SACKS AT 3200', 50 SACKS AT 1770', 50 SACKS
AT 600', SACKS AT 40', 10 SACKS IN MOUSEHOLE AND 15 SACKS IN RATHOLE

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES IS ACO-1 FILED? YES
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:

EVAN MAYHEW PHONE# (316) 265-3311
ADDRESS 100 N. BROADWAY, SUITE 970 City/State WICHITA, KS

PLUGGING CONTRACTOR BEREDCO, INC KCC LICENSE # 5147
(company name) (contractor's)
ADDRESS 401 E DOUGLAS, SUITE 400 PHONE # (316) 265-3511

PROPOSED DATE AND HOUR OF PLUGGING (If known?) 10:30 AM 11/01/97

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: Evan Mayhew
(signature)

1-21-98

CONFIDENTIAL