

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-097-20697-0000 (of this well) 6/86
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Beren Corporation OPERATORS LICENSE NO. 5364
ADDRESS 970 4th Finan. Ctr., Wichita, Ks. 67202 PHONE # (316) 265-3311
LEASE (FARM) Kelton #1 WELL NO. _____ WELL LOCATION C NE NW COUNTY Kiowa
SEC. 12 TWP. 27s RGE. 16w (S) or (W) TOTAL DEPTH 4575' PLUG BACK TO _____

Check One:

OIL WELL GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____
SURFACE CASING SIZE 8 5/8 SET AT 446' CEMENTED WITH 300 SACKS
CASING SIZE 5 1/2" SET AT 4574' CEMENTED WITH 250 SACKS
PERFORATED AT 4486-94', 4510-20'

CONDITION OF WELL: GOOD POOR _____ CASING LEAK RECEIVED JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____
Will plug according to rules & regulations of State of Kansas.

RECEIVED
STATE CORPORATION COMMISSION
July 05 1985
CONSERVATION DIVISION
Wichita, Kansas

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? No N/A IS ACO-1 FILED? _____
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____ Immediately

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.

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Ted Crawford PHONE # (913) 628-6101

ADDRESS Hays, Ks. 67601

PLUGGING CONTRACTOR Kelso Casing Pulling LICENSE NO. 6050

ADDRESS Box 347, Chase, Ks. 67524 PHONE # (316) 938-2457

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: [Signature]
(Operator or Agent)

RECEIVED
STATE CORPORATION COMMISSION
DATE: July 3, 1985
11-8-85
NOV 8 1985